## FOR STATE HEALTH DEPT.

Page files.

TO DEPUTY M. EXAMINER: This certificate should be executed within 24 hours after death. If any delay in please execute in certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral extended to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2. With the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00145 66109

			The second secon			
1. PLACE OF DEAT	TH		2. USUAL RESIDE	NCE (Whare decaes	nd fived, If institution R	sidence before admission
	Baltimore	MARYLAND	Ma	ryland	1000	
	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	limits, write RURAL end	give naarest town)
Write RURAL at	nd give neerest town)	2 2	D. Itis en		7.10	1
Catonsvi		L day	Baltinore		3V0	1-7
d. NAME OF HOS	PITAL OR INSTITUTION (if not i	n hospital, give streat eddrass)	d. STREET ADDRES	55		a. IS RESIDENCE
SPRING	Charles a bear and a second	HOSPITAL	11	st North	venue	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Yeer
(Type or print)	Philip	Julian	Akers	DEATH	January	24 19 62
5. SEX			8. DATE OF BIRTH		E (In yeers   IF UNDER 1	
male	N	OWED DIVORCED	Dec. 12, 19	04 57	birthday) Months D	leys Hours Min.
108. USUAL OCCUPA	ATION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Sta	te or foreign country	12. CITIZ	ZEN OF WHAT COUNTRY
	1		Manarian	a	11	S. A.
13. FATHER'S NAME	r hanger		Marylan		1 0.	D. A.
01 1701700 0 10000						
	oh Akers		Rose	McAbee		
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES?  (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
unknown			Records: SP	RING GROV	E STALE H	OS. ITAL
	DEATH (Enter only one cause	per lina for (e), (b), and (c).)	wy y y y y y y y 1	ABILLY CO CAROLI	Ad MARKET	INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	a below for a breaker	Heart Diese	60		ONSET AND DEATH
4-11	IMMEDIATE CAUSE (a)	irteriescleretic	DOST. C DYSES	24.		
1 2	DUE TO					
Conditions, if er	av. which a					
gava rise to imma	1 1 1		-			
(a), stating the	DITE TO					
cause lest.	(c)					
Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	MINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
NI NI	Chronie Alec	pholism with Del:	irium Tramen	8.		PERFORMED?
2					60.	YES NO
PART II. OTH  20a. EXTERNAL ( PRIMARY [] or C CAUSE OF DEATH	ONTRIBUTING [	ESCRIBE HOW INJURY OCCURED.	(corar natura or injury in r	err I or Part H of Ham	18.)	
3 20c. TIME OF IN	JURY Month, Day, Year 1:	20d. INJURY OCCURRED   20a, PL	A CE OF INJURY (Home, fe	arm, 20f. (City or t	own) (Coun	ty) (State)
20c. TIME OF IN		While Not While fee	ctory, streat, offica bldg., e		, , , , , , , , , , , , , , , , , , , ,	(4.5.5)
p,m	. 19	t work et work				
21. I certify	that I took charge of the	remains described above, h	eld an Autopsy .	Inspection	. Inquiry ,	and in my opinion
death resulted	from Natural causes	Accident . Sui	cide . Homicid	e . Undete	rmined manner	
400111 10041100	12/	1	_	_	The state of the s	
	41 Am	Mi Islan	CHIEF MEDICA	L EXAMINER		
ACTUAL SIGNATURE	secol,	- July	M.D. ASSISTANT M	EDICAL EXAMINER	k	DATE SIGNED
		7 0		AL EXAMINER		
EKAMINER'S NAME (Type)	George M. K	ieffer, M. D.		t, city, town, or coun	hu1	1-24-62
22e. BURIAL, CREMAT REMOVAL (Specie	ION. 226. DATE THEREOF	22c. NAME OF CEMETERY C			(City, lown, or country)	(Steta)
BURTAL	1-27-62	Woodlawn	Cometery	Mand	Lawn . Mirvla	Free
23. FUNERAL DIRECT	OR	ADDRESS			246. REGISTRAR'S SIC	
Julia Coole	Tno 1017 S+	Paul Street 7	one 2 DATE	JAN 2 9 '62	0.71 0	4

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### **CERTIFICATE OF DEATH**

60196

	193	CERTIFIC	AIE OF DEAT	П		Reg. Dist. No	s
	altimore	MARYLAND	2. USUAL RESIDENCE (W g. STATE		lived. If institution b. COUNTY	on: Residence bef	ore admission)
b. CITY OR TOWN ( RURAL and give n Catons		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor		URAL and give ne	earest lawn)
d. NAME OF HOSPI OR INSTITUTION HOUSE IN	TAL (If not in hospitol, give stre the Pines N		d. STREET ADDRESS	fton			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James	Middle H •	Alder	4. DATE OF DEATH	Mon Je	th D	y Year 1962.
5. SEX Male	777 # 4 -	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Mar. 22, 188	33	9. AGE (In years last birthday) 78 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
Machinist	king life, even if retired)	6. KIND OF BUSINESS OR INDI	JSTRY 11, BIRTHPLACE (Stok	e or foreign co	ountry)	U.S.	A .
13. FATHER'S NAME	e Alder		Anne R				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?   1 (If yes, give wor or dotes of service)	15.1.1	owton M. Al	der 5	101 Bro	okgree	n Rd. (2
PART 1, DEA		tine for (a). (b). and (c).]  Rego cardial	Cardio-7	ation	las Dis	ON	TERVAL BETWEEN ISET AND DEATH
CATIC		S CONTRIBUTING TO DEATH BU				'EN IN PART 1(o)	19, WAS AUTOPSY PERFORMED? YES NO
THE ETHER, NOTIFY	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI			II of Ifem 16.)		
20c, TIME OF INJUI Hour o.m. p.m.	Whi		LACE OF INJURY (Home, for actory, street, office bldg., et		ar tawn)	(County	(State)
actual signature	Care 7. 9 a	ased fram Para in Carlo and that death	25, 1962, to 2 h accurred of 246, m.o. 6209 Fire	CM, from		and an the do	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial		New Cethe			timore	or county)	(State)
23 FUNERAL DIRECTOR	'S SIGNATURE -	207 WNOrth	24a. REC	"D BY REGISTI	RAR 24b. REGIS	STRAR'S SIGNATU	

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 64157 00000

			the same of the sa	
1. PLACE OF DEATH a. COUNTY				itution: Residence before admission
Baltimore	MARYLAND	a. STATE	ersey b. county	V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15		If outside corporate limits, write RL	JRAL and give nearest town)
write RURAL and give nearest lown)	170 Daves	Do Immon		67x -3
d. NAME OF HOSPITAL OR INSTITUTION (if not in )	172 Days	Palmyra d. STREET ADDRESS		. IS RESIDENCE
				ON A FARM?
Veterans Administration H			Third Street	YES NO X
NAME OF First DECEASED	Middle	Last	4. DATE Month OF	Day Year
(Type or print) THOMAS	BERNARD	ALLEN	DEATH January	19 19 62
SEX 6. COLOR OR RACE 7. MAR	RIED W NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF	
NIDO		une 12, 1915	lest birthday) M	onths Deys Hours Min.
LINITE	KIND OF BUSINESS OR INDUSTR		40	12, CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		116 -50000 0000 0000		
Laborer		Riverton,	New Jersey	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Bernard Allen		Phoebe Sc	ott	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   1 (es, no, or unkown)   (liyesgive werordales of service)	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
	49-01-5156 Cli	n Rea WAN B	altimore Md FY	t Howard Divisio
18. CAUSE OF DEATH [Enter only one ceuse pe	or fine for (a), (b), and (c).	II HEC VAN D	STOTINGE TIN - F	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ARCINOMA OF LAR	YNX		ONSEL AND DEATH
IMMEDIATE CAUSE (e)				0.1111701117
DUE TO				
Conditions, if any, which (b)				
geve rise to immediate cause (a), stating the underlying  DUE TO				
causa lest, (c)				
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(e)   19. WAS AUTOPSY
MIDEDONIOSTS PILL	MONARY MODERATEL	Y ADVANCED	(17)	PERFORMED?
TUPERCULOSIS, PULL  20e. ACCIDENT WAS UNDERLYING   1 206. I	DESCRIBE HOW INJURY OCCURED		Part I or Part II of item 18 i	11.5
TUPERCULOSIS, PULL  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJUNT OCCURED	. Trues heldle of infort in	Fan I or Lett in or Heat 1949	
		CE OF INJURY (Home, ferr		(County) (State)
Hour e.m. W	hile Not While fact	ory, street, office bldg., etc	G.J	
print.		13 37	10 63 A. Tom 30	10 60 11-1 (4) () 1-
21. I certify that (I (this hospital) alto saw the deceased alive on Jan. 19	ended the deceased from	OLIA DI OLI	1A.DT 1013U*TA	, IY OZ, mai (We) la
saw the deceased alive on uan. 1;	1919. DZ, and that	death occured at	p.M. from the causes an	d on the date stated above
22a. SIGNATURE	*		MED. STAFF	22b, DATE SIGNE
John D. Jach	cal mes m	D. PHYS.	DIRECTOR PHYS.	1-20-62
22c. PRISTCIAN'S		22d. ADDRESS	10 161 THE	IV This is a since
JOHN D. TALBER	RT, M.D.	VAH, Bal	Lto. 18 Md., Ft	Howard Division
a. BURIAL, CREMATION, 235. DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stete)
REMOVAL (Spacify)	Berkley Natio		Berkley, New	Jersey
Burial	i pervies Manto			
4 FUNERAL PIRECTOR'S SIGNATURE	410 Market St		C'D BY REGISTRAR 256. REGIS	of S. Kreus
Tunsia Funeral Home	Palmyra, N.J.	DATEJA	IN 23 '62   Chin	M. 100

funeral d 2 any event, within 72 hours after death Pages The law requires that the death certificate be executed within TO HOSPITAL OR AT NOTING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 and by the hospital or attending physician.

TO FUNERAL LAECTOR: After this certificate has been signed by the attending physician and completely filled, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours at

**VR A15 (4)** 15M 9/60

TRAFFICIA SEC ET CENT CONTRACTOR State Jose depute bath the CT . The Later her the interest emergery PA TELOGRAP PERSON CONTRACT CONTRACT CONTRACT 5 of 1914 12 - 1915 A.a. I gental pai montyle MILL HAREF ET. ZAT nothing the stand of a to enought the latter part and of a fit enough to the stand of the stand toly 32 gent to the state 20, 19, 19, 22 INT, Mater. BE Tr., IT dans to read to CONTRACTOR OF STREET, STREET,

DIRE FUNERAL 0 VS A15 (4) 1SM 9/55

23 EUNERAL DIRECTOR'S SIGNATURE CHARLES E. Schimunek Funeral Home 3331 Brehms Lane 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Brehms DATE .

Reg. Dist. No.

Day

Dovs

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stole)

DATE SIGNED

(Stote)

YES NOTE

Yeor

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		si atte		The state of the state of
			appropriate (	
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	on stall		THE OWN WES	AND THE RESERVE
3.1				

Balto 15, Md.

NAME OF THE OWNER, WHEN A Land of the substrate of the state of the substrate of A January among them anne formation anners on the war.

AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00203I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND b. C TY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY N 16 write RURAL and give neerest town) L6vr7mth23dvs Catonsville Baltimore . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Bayview Hospital STATE G ROVE HO5PTTAT YES NO X 3. NAME OF E est 4. DATE M. ddle Month DECEASED 1962 Frank Armold January (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BRTH last birthday) Hours Months Days ma le whi te WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) tobacco blender Mary Land 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DICEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyas giva war or datas of service) Records: unkaonw 18 CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b} gava risa to immadiate causa **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 208 ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Homa, farm, 201 (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that M (this hospital) attended the deceased from ... May...22 ...7:11915 to . Jan. ... 15 ..., 19...62that (I) (we) last saw the deceased alive on ... van.

papers

carbon

3

event,

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and

attending Then please

death. Page 4
O FUNERAL

rector, filed

÷ 2

certificate
physician a
remove ca

22e. PHYSICIAN'S

NAME (Typa)

BURIAL, CREMATION,

Sulla Wachsler

ATTENDING
PHYS.

MED. STAFF PHYS.

] 1-15-62 S TATE HOSE

22b. DATE SIGNED

Stella Wachsler, M. D.

23c. NAME OF CEMETERY OR CREMATORY

Catonsville 28, Earyland

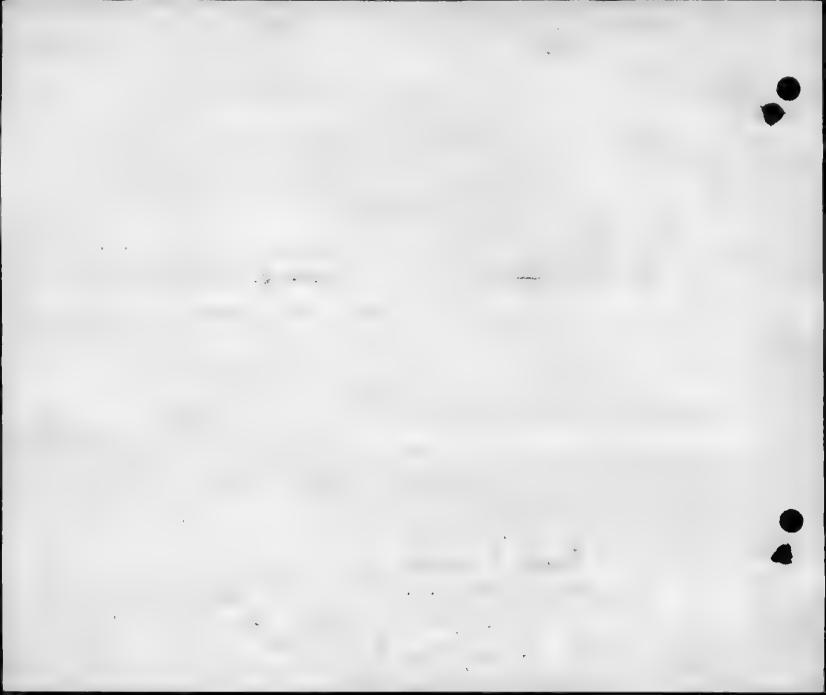
(Stata)

VR A15 (4)

Herripstead Md

25a. REC'D BY REGISTRAR 25b

1. H. . P H ...



of ton,		00204MEDICAL EXAMINER'S CERTIFICATE OF DEATH
noul	TAN	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUNTY O. STATE D. COUNTY
£ 5	W	b. CITY OR TOWN (If outside corporate limits, write RURAL ord give nearest town)  and give nearest town)
s. rior to		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) (d. STREET ADDRESS  102 N. Stuart St. Balto. 21 102 N. Stuart St. (21) VES   NOTE
eral dir our file jistror p		3. NAME OF DECEASED (Type or print) Elvy May Bader DEATH Jan. 24 1962
the fun the reg		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH PAGE (In your local birthday) Months Days Hours Min.
nd 3 to retain 12 with		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
1, 2, or may be	(T)	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Clarus De Jay.
Poge 5 File poge	(T)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (H yes, give wor or doles of service)
orm 18. Gir orm PM3. It permit.	!	18. CAUSE OF DEATH [Enter only one cause per line to Yo]. (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  A A D Vary  ONSET AND DEATH  IMMEDIATE CAUSE (b)
encil in Ite ong with f		Conditions, if any, which by gove rise to immediate cause (i.e., stating the underlying OUE TO
g" in po		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
"pendin miner's C d be assed		YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
the word ical Examine 3 shilluk		20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stole) Hour o. m.  While Not while of work of work of work of the
L.f Med		21. I certify that hook charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
th the prince		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
provided to FUNERAL I	d'a	EXAMINER'S JACK COLLIND ASSISTANT MEDICAL EXAMINER 1 - 24-62  DEPUTY MEDICAL EXAMINER 1 - 24-62
forw IO FUR		22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Buried 1-27-62 Marelands Mem., Balty. Ind.
5, A15ME(5) 5M 9/5S	es grad	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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**burial-transit** 

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FUNER

VS A15 (4)

page



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00206

### **CERTIFICATE OF DEATH**

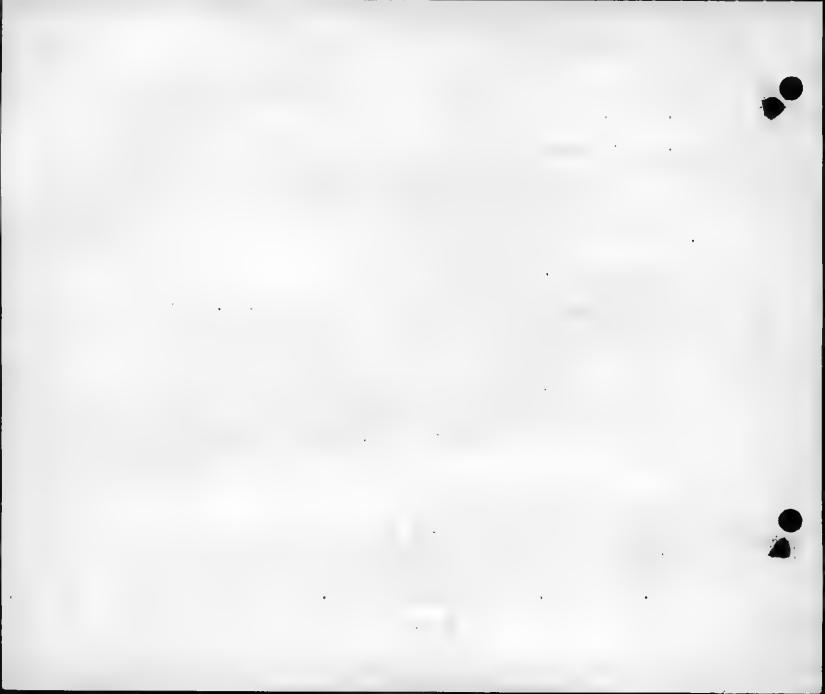
00203

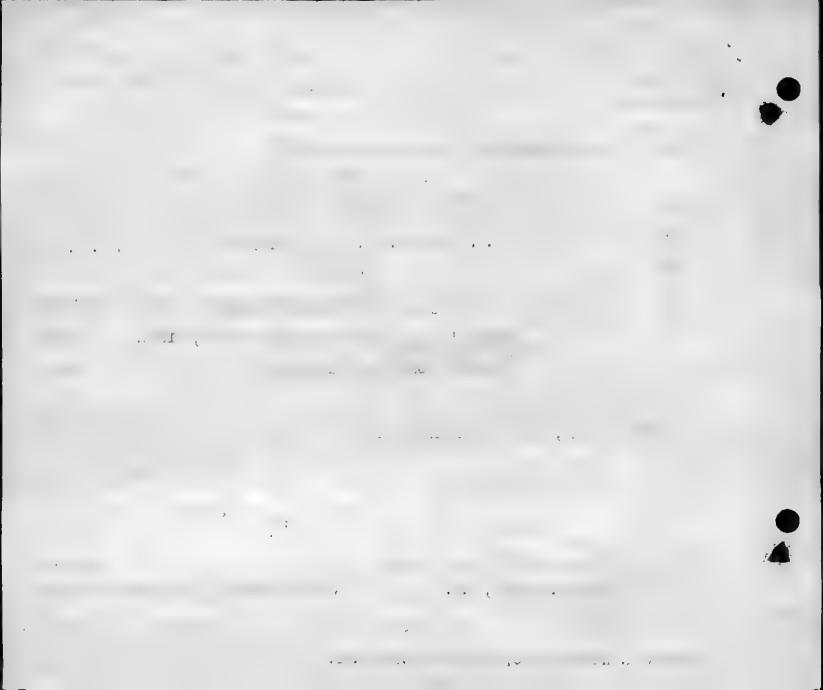
	$\vdash$							-
A)		PLACE OF DEATH  D. COUNTY  Politimone	MARYLAND	2 USUAL RESIDENCE (Who	b. COUNTY	n: Residence b	efore admis	sion)
	-	b. CITY OR TOWN (If outside corporate limits, write	C. LENGTH OF STAY IN 16	c C TY OR TOWN (If a	Tside corporate limits, write RU	RAL and give	negrest tow	n)
	7	RURAL ond give regrest town)  Vit. Wilson, Maryland	3 MONTHS	ALLEN.	MARYLAN	0 %	7 X	7
ř		d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION		d. STREET ADDRESS	- 5		e. IS RE	SIDENCE FARM?
	_1	Mt. Wilson State Hospital		150)	(1/3			NO [
		NAME OF First	M. ddle	Lost	4. DATE Mont		Day	Yeor
		(Type or print) /-RAN/s	HERBERT	BARNES	DEATH JANUA	/	4	1962
	5 5		ED NEVER MARRIED	B. DATE OF B RTH	/ lost birthday)	Months Do		ER 24 HRS
	1	NALE WHITE WIDOWE	D DIVORCED X	FEBRUARY"	1893 68 m	promis Do	ys neuts	14(II)
	10a	. USU'AL OCCUPATION (G've kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	The second second	. ( /	12 CITIZEN	OF WHAT	COUNTRY?
	Us	uprount-retired a	ekyown	IROY, NE	EW YORK	10	H	
,	13	FATHER'S NAME	C -	14. MOTHER'S MAIDEN N		_		
		FRANK BARNES,	JR	HARRIE	-T HOLBRU	00/5		
-	15. {Yes	and the contract of the contra	SOCIAL SECURITY NO. 17 IN	FORMANT	Addre	555		
	1	LEA WWI 09	73-05-74661	ospital Recor	ds. It. Lilson	State	Hospi	tal
	17	18 CAUSE OF DEATH [Enter only one couse per lin				- H	NTERVAL B	ETWEEN
		PART I DEATH WAS CAUSED BY	REINONA OF A	LUNG			The 4	
		DUE TO		_			1	4
		Conditions, if ony, which ) (b)						
		gave rise to immediate (			1		-2	
		ying couse lost	LMONARY	/UBERCULOS	515		2 40	an s
1	NOIT	PART II OTHER SIGNIFICANT CONDITIONS C			DISEASE CONDIT ON GIVE	N IN PART	19 WAS	AUTOPSY DRMED?
	CAT	ARTERIU SCLEROTI	C CARDIO VI	ASCULAR I	) ISEASE	· ×1	YES [	
	FILE	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	). (Enter noture of injury in ?	ort I or Port II of item 18.)	7		
	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d IN Hour a.m. White	for a	CE OF INTURY (Home, farm, fary, street, office bldg., etc.	20f (City or town)	(Cour	nty)	(Stote)
	MED		Not while	, and a street of the street o				
		21 I certify that (I) (this hospital) attend	ed the deceased from	10/5 196	01.10/-4	1962	that (1)	(we) last
		saw the deceased alive an JAN. 4	19 6 2 and that d	/ /70	M, from the causes and			
		22a SIGNATURE		/ (				B DATE
		1 Marcine	1	N D PHYS DIS	D. STAFF RECTOR PHYS		1002/	476
1		22c PAYSICIAN'S NAME (Type)		22d ADDRESS				7
-		Ma. M. dec.er, H.D. Su	<u> </u>	itaiilsu	a State Lospita	al, t.	<u>lls</u>	unai
	230	BURIAL CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town o	r county)	(Sto	ie)
		(REMOVAL) Specify) 1-4-62		& ELMWood	156,31 Ju	141	7.4	
	24	FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC	BY REGISTRAR 256 REG S		TURE /	
	1-1	May B H Howell	Pelan 59	DATE JA	N 8 '62 C.	short & to	solid	

al director, be filed with TO HOSPITAL OR ATTENDATED TO obtain 34 have requires that the death cert ficate be executed within 24 haves after may be retained.

TO FUNERAL DIRECTAL STEEL THE CENTRICAL HAS been signed by the ottending physician and campletely filled in by their page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health First to burial, cremation, or removal, and in any event, within 72 haves after death.

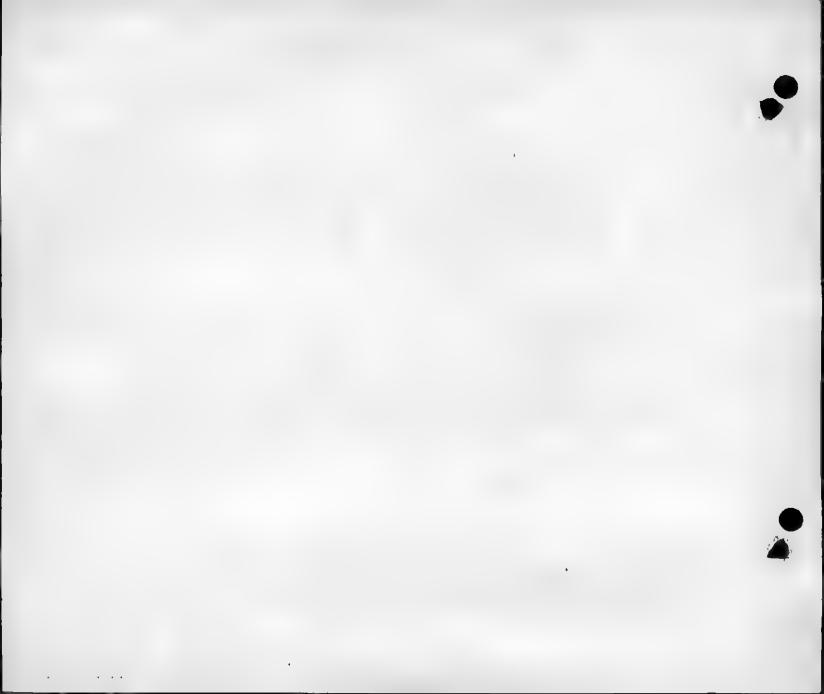
VR A15 (4) 15M 9/59



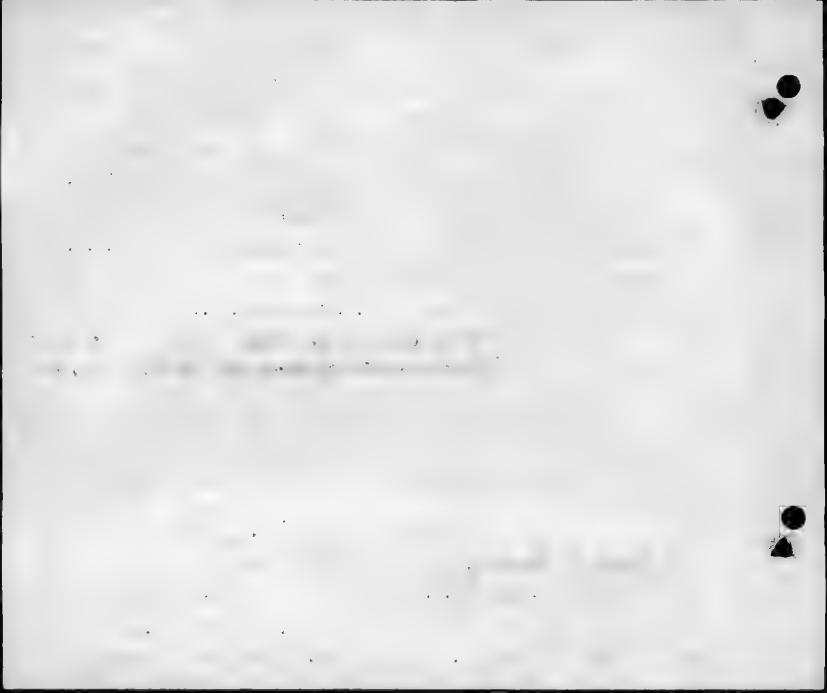


4 3E	l'	CERTIFICATE OF DEATH Reg. Dist. No.	0205
Poge filed wil		PLACE OF DEATH  O COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived of institution: Residence before or or STATE  O COUNTY  D ALL  O COUNTY	
deort deort	7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest nown)  Landak Estaun  4 Note	
avrs aft in by the ind 2 sh		9121 Benezal Road. 9121 Bengal Road YE	S RESIDENCE ON A FARM?
hin 24 h y filled i ages 1 c	1	NAME OF DECEASED (Type or print)  SEX    6. COLOR OR RACE   7. MARRIED	19 62
npletet	1	M. WIDOWED DIVORCED Charles 8, 1913 Lest birthday) Months Days He	Min.
and can oon pap		Jec Writer Bendy Kodio Fort Hayne Ind.	S. a.
ficate by ysician ave cark		Heorge J. Bender Sophie Honeich	2.01
th certil ding ph ase rem in 72 ho		1/22 WWIT 305-14-5958 Her Cellen Verker 759 Mikes	rin Bre
the dea he aften hen plec		PART I. DEATH WAS CAUSED BY: DULMONARY EDEMA.	AL BETWEEN AND DEATH
ed by the rmit. To any even		gave rise to immediate	HR.
r requir		Couse (a), stoling the under   DUE TO    Tying cause last.   (c)    PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W	
The love g physical has be urial-transmental.		PE YES	VAS AUTOPSY ERFORMED?
CIAN: uttendin rificate is the b			
this ce or use or cremotic		Hour o. m.  White Nat white factory, street, affice bldg., etc.]  p. m. 19 of work of work	(State)
After hed f burial,		21. I certify that I attended the deceased from DEC 20, 1961, ta JAN IV, 1964, that I last saw alive on JAN IV, 1964, and that death occurred at 12:20 PM, from the causes and an the date s	the deceased itated abave.
OR ATT		ACTUAL SIGNATURE SUCCESS (Sireet, city or lawn, slote)  ACTUAL SIGNATURE MD. 8501 LIBERTY RD.	DATE SIGNED
retain RAL D should istrar p	,	PHYSICIAN'S RONALD BERGER, M. D.	
may by Poge 3 the reg		esearch 1-18-1962 John Hapkins Hough Butto. M.	(State)
VS A15 (4) 15M 10/57		FUNERAD DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE AN 22 02	
		Kandallegeown, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE 18



AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) . PLACE OF DEATH a. COUNTY **b.** COUNTY Baltimore c. CITY OR TOWN (If outside corporete | m is, wr ta RURAL and give nearest town) b. CITY OR TOWN lif outs da corporate tim Is. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Lodge Forest Lodge Forest vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS . IS RESIDENCE ON A FARM? 7440 Bay Front Road Bay Front Road YES NO X 3 NAME OF Midd e DECEASED OF (Typa or print) CATHERINE AGNES DEATH 14th,1962 January 19. AGE (In years [ IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED [X] NEVER MARRIED [ last birthday) | Months Days female white WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Housewife U.S.A. Maryland 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Thomas Maley Delia Durkin G. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (lifyesgivewerordelesofservice) M.J.Birmingham, Sr., same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one causa per line for a), (b), and (c),) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steffing the underlying PART I, OTHER S, GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO T 20e ACCIDENT WAS UNDERLYING 1 , 20b. DESCRIBE HOW IN. URY OCCURED, Enter nature of injury in Part I of Pert I of Item IB ; OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 1 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While \_Not While Hour a.m. at work at work 21. I certify that (I) MNX books attended the deceased from July .15th., 1960 to January ...... 119.62that (I) MNX books attended the deceased from July .15th., 1960 to January ...... 119.62that (I) saw the deceased alive on January 1419.62 and that death occurred at. A.M. from the causes and on the date stated above. 22b. DATE 22s. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John V. Conway, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (\$tata) 23a. BURIAL, CREMATION, 1236 DATE THEREOF REMOVAL (Specify) OFE Burial Cemtv. Baltimore Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRES5 VR A15 (4) Inc., Dundalk 22, Md. DATE JAN 1 7 '62



#### MANYLAND STATE DIFARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, 301

Λ	. PLACE OF DEATH BALTI MORE  2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission)  a. COUNTY  b. COUNTY
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown)  c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest lown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
)	3. NAME OF DECEASED (Type or print)  A DATE Month Day Year OF DEATH OF DEAT
′	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min   WIDOWED   DIVORCED   Teb 24 1872   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min   Min
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  105. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Stele, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Hydrauvewerordeles of send ce)  NO  MRS. EDWARD B. WRIGHT  ABOVE
	18. CRUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
	Conditions, f eny, which gove rise to immediate cause (e), stating the underlying DUE TO cause lest.  (c) Samula tu
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CHIEF INTER, NOTIFY MEDICAL EXAMINER).
	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. P.ACE OF INJURY (Home, ferm, Factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20mm   20m
	21. I certify that (I) (this hospital) attended the deceased from NOJ 14
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   1-10-62
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  CREMATION  JAN 13, 1961  GREENHOUNT  BALTIMORE  ADDRESS  250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11	HW JENKINS & JONS CO. 4905 YORK ROBALTO DATE DATE 15 62 9. THE KINNS

TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed withing death. Page 4 received by the hospital or attending physician.

TO FUNERAL DEAECTOR: After this certificate has been signed by the attending physician and completely fillind, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 carbon, pages 1 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 begins the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the filed with the State Dept.

VR A15 (4) 15M 9/60



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00218

a. COUNTY	2 USUAL RESIDENCE (Where deceased I vad, .f Institution, Residence before admission)
Baltimore Cty MARYLAND	6. STATE 6. COUNTY
b. CITY OR TOWN (.f ouls.de corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville Narch 17,1958	X Baltimore
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS  o is residence on a farm?
Spring Grove State Hospital	Rosebank Road - Baltimore-22, Md. Yes Day Year
DECEASED (Type or print)	ALACK HANNE TO 100
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	CCKA) BLACK  January 20 1962  Date of Birth  9. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS.
The second of th	last birthday   Months Days   Hours   Min.
10a. USUAL OCCUPATION (G ve kind of work   1Db. KIND OF BUS.NESS OR INDUSTR	LY 11 BIRTHPLACE (Coury & State, or fore go country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Housewife AT Home	Maryland 14 MOTHER'S MAIDEN NAME
Henry SCHULTZ	Mary ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unkown)   [[fyesgive war or dates of service]	Phone: AT-5-1268. Baltimore -22, Md.
no no none Mr.	Steven BLACK(son)-Exg. Box 8203, Rosepank Rd.
18. CRUSE OF DEATH [Finter only one cause per line for (e) (b) end (c) )	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute Heart Failt	
DUE TO ACCOUNT HEAT THE TENT	sudden -
Conditions, if any, which ) (b) Arteriosclerotic (	
	lardio Vascular Disease With
	Cardio Vascular Disease with
	Insufficiency. Myocardial Damage.
(a), stating the underlying DUE TO Aortic and Mitral cause last.	Insufficiency. Myocardial Damage.  ot related to the terminal disease condition given in Part 1(a) 19. was autopsy
(a), stating the underlying DUE TO Aortic and Mitral cause last.	Insufficiency Nyocardial Damage.  or related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed?
(a), stating the underlying DUE TO Aortic and Mitral cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.	Insufficiency. Myocardial Damage.  or related to the terminal disease condition given in part 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
(a), stating the underlying DUE TO Aortic and Mitral cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.	Insufficiency Nyocardial Damage.  or related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed?
Cause last.   Due to Aortic and Mitral cause last.   Co	Insufficiency Nyocardial Damage.  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
(a), stating the underlying DUE TO Aortic and Mitral cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DE	Insufficiency Nyocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  (Enter nature of in, ury in Part I or Part II of I tem 18.)
Cause last.   Due to Aortic and Mitral cause last.   Columbia   Cause last.   Columbia   Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH   OR CONTRIBUTING CAUSE OF DEATH   CONTRIBUTING CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING TO DE	Insufficiency Nyocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO .  (Enter nature of in, ury in Part I or Part II of I tem 18.)  CCE OF INJURY (Home, farm, ory, street, office bidg., atc.)
Aortic and Mitral cause last.   Columbia   Continued are cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NOTICE   Continued are cause last.   Columbia   C	Insufficiency Nyocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of in, ury in Part ( or Part II of item 18.)  CCE OF INJURY (Home, farm. 201. (City or lown) (County) (State) none none Naroh 17
Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH II. OTHER CONTRIBUTING CAUSE OF DEATH II. OTHER CONTRIBUTING CAUSE OF DEATH III. OTHER CONTRIBUTING CAUSE OF DEATH III. OTHER CONTRIBUTING COURSED CONTRIBUTING CAUSE OF DEATH III. OTHER CONTRIBUTING COURSED CONTRIBUTING CAUSE OF DEATH III. OTHER CONTRIBUTING COURSED CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NO OR	Insufficiency Nyocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO  (Enter nature of in, ury in Part I or Part II of item 18.)  CCE OF INJURY (Home, farm, ory, street, office bidg., atc.)  None  March 17
Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   OR CONTRIBUTING CAUSE OF DEATH   OF CONTRIBUTING CAUSE OF DEATH   OR CONTRIBUTION CAUSE OF DEATH   OR CONTRIBUTION CAUSE OF DEATH   OR CONTRIBU	Insufficiency Nyocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO  (Enter nature of in, ury in Part I or Part II of I tem 18.)  (CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) orry, street, office bidg., atc.)  None  March 17
A continue of the mediate cause   Authority   Author	Insufficiency Nyocardial Damage.  Of Related to the terminal disease condition given in Part 1(a) 19. Was autopsy Perromed?  YES 19. Was autopsy Perromed?  YES NO 10. (Enter nature of in, ury in Part to or Part 11 of Item 18.)  OCC OF INJURY (Home, farm, 19.) (City or lown) (County) (State)  Orrows, street, office bidg., atc.) (City or lown) (County) (State)  March 17
DUE TO AORTIC and Mitral cause last.   Co   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Insufficiency Nyocardial Damage.  Of Related to the terminal disease condition given in Part 1(a) 19. Was autopsy Perrormed?  YES 19. Was autopsy Perrormed?  YES 10. Was autopsy Perrormed?
Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER!   DO N @ 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. NONe 19   21   2   2   2   2   2   2   2   2	Insufficiency. My ocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  (Enter nature of in, ury in Part I or Part II of I tem 18.)  (CE OF INJURY (Home, farm. 201. (City or lown) (County) (State) ory, street, office bidg., etc.)  NOR  March 17 1958, to January 20, 19.62 that (I) (we) last death occurred at
Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   OR CONTRIBUTING CAUSE OF DEATH   OF CONTRIBUTING CAUSE OF DEATH   OR ON OR ON OR CONTRIBUTING CAUSE OF DEATH   OR ON OR ON OR OF CEMETERY, AMME [Type]   I m r e K O P I T S M.D.    23a. BURIAL, CREMATION.   23b. DATE THEREOF   23c. NAME OF CEMETERY,	Insufficiency. My ocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  (Enter nature of in, ury in Part ( or Part 11 of item 18.)  CCE OF INJURY (Home, farm. 201. (City or lown) (County) (State) ory, street, office bidg., atc.)  NON  March 17
Cause last.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Insufficiency. My ocardial Damage.  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  (Enter nature of in, ury in Part I or Part II of item 18.)  (CE OF INJURY (Home, farm. 201. (City or lown) (County) (State) ory, street, office bidg., etc.)  NONe  March 17 1958, to January 20, 19.62 that (I) (we) last death occurred at

TO HOSPITAL CA AT DING PHYSICIAN: The Ew requires that the death cartificate be executed within 24 death. Page 4 m to be maded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1.2 director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1.2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

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CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) B. COUNTY **b.** COUNTY Baltimore MARYLAND Bal timore b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CIY OR TOWN (If outside corporete | mils, with RURAL end give nearest town, write RURAL and give nearest town) Holbrook after Woodlawn Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) & STREET ADDRESS Chapel Hill Nursing Home Stonington Avenue 3. NAME OF 4. DATE Midde Month DECEASED (Type or print) DEATH January Blackburn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH and last birthdey! Months Car Male White WIDOWED A DIVORCED [ Oct. 17-1889 76 10. USUAL OCCUPATION (Give Kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE County & State or fore gin country! гетом done during most of working life, even if relired) Construction Retired Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) , (Ifyesgivewerordetesofservice) Mr. Stanley Blackburn-5713 Stonington Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Coronary occlusion IMMEDIATE CAUSE (a) DUE TO hArteriosclerotic cardiovascular disease gave rise to immediate cause DUE TO (e), stelling the underlying couse lest. PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(8) 19. WAS AUTOPSY Diabetes mellitus 2Db. DESCR BE HOW IN. URY OCCURED. (Enter neture of njury in Pert I or Pert I of Iam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 165555F (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Df. [City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work , and that death occured at IAM, from the causes and on the date stated above saw the deceased alive on ...Jana. 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 5101 Gwynn Oak Ave. Traband. Jr. 236. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ប់រុម្ពុទ្ធ Woodlawn, Maryland 1-9-62 Lorraine Park Cemetery Burial 25. REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clothy & Thema

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RES DENCE

YES NO

19 62

Yeer

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 years

PERFORMED? NO X

(Stete)

22b. DATE

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

6.

Davs

(County)

ON A FARM?

death. Page 4 TO FUNERAL

VR A15 (4) 15M 9/60



00910

1	00420				
	1. PLACE OF DEATH B. COUNTY	113		(Whare dacassed rivad, If institut	ion: Rasidance bafore admission
N	Baltimore	MARYLAND	e. STATE Md.	b. COUNTY	Baltimore
Ì		OF STAY IN 16	c. CITY OR TOWN (If of	utside corporate I mits, write RURA	L and give neerest town)
ı	write RURAL and give nearest lown) Baltimore		X Baltimore		
	d. NAME OF HOSPITAL OR NSTITUTION (If not in hospita, give	street address)	d STREET ADDRESS		. IS RES DENCE
	House in the Pines, 16 Fusi	ting Ave.	1708 Rollin	ng Road, South	YES NO X
	3. NAME OF First	Midd e		DATE Month	Dey Year
	(Type or print) Richard	F. B	ond	DEATH Januar	y 11, 1962
	5. SEX 6. COLOR OR RACE 7. MARR ED K NEV	VER MARRIED 8. I	DATE OF BIRTH	9. AGE (In years IFUN	DER I YEAR IF JNDER 24 HRS.
/	male   white   widowed		ril 16, 1888	73 yrs.	hs Days Hours   Min.
	100. JSUAL OCCUPATION (G ve kind of work   10b, KIND OF BL				. CITIZEN OF WHAT COUNTRY
	real estate & ins.	1	Virginia		U. S. A.
	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA		
	Richard H. Bond		Lillian Furn	ass	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL	SECUR TY NO. 17. IN	FORMANT	Address	
	(Yes, no, or unkown) ((Ifyasgivewerordetasofsarvica)  no  none	Flor	ence T Bond	1708 S. Rollin	a Pd #27 WIFE
	18. CAUSE OF DEATH [Enter only one causa par line for (a)		chec I. Bona,	1700 5. ROLLIN	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	noles	- pres	chimini d	ONSET AND DEATH
	4-2 A 10UE TO	75	chmous	Comment of the second	7
	Conditions, Yeary, which? (b)	Alre	1 - Ca	rdilip 3	= 6m
	gava rise to immediate cause	were	Men	Dorlean	2 Tunt
	(e), stating the undarlying course last	1 0-4-2	Carte	it is dala	200 5 71h
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT N	G TO DEATH BUT NOT	RELATED TO THE TERMINAL	D SEASE CONDUMON GWEN N	PART 1(a) . 19. WAS AUTOPSY
	Ex Carlo		a do	1 de sans	YES NO
	E 20a, ACCIDENT WAS UNDERLYING ( 20b. DESCRIBE HO	W NJURY OCCURED. (	Enter nature of untiry in Parl	I or Part II of stem 18.)	Meso -
	20a. ACCIDENT WAS UNDERLETING () 20b. DESCRIBE HO OR CONTRIBUTING () CAUSE OF DEATH () (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Yang   20d, INJURY O		OF INJURY (Home, farm,	20f. (City or lown)	(County) (Slate)
	国 at mark  at	1711170	y, street, office bidg., alc.)		
	21. I certify that (I) (this hospital) attended the	deceased from	19	25/10 Jan 11.	196 Zhat (I) (we) la
		. // '.		M, from the causes and	
	228, S GNATURE	, 4,14	- 42		226. DATE
	BBB B	er of MO.	PHYS. DIRE	STAFF	1/12/6
Í	22c PHY CTAN'S	<u>~</u> .	22d. ADDRESS		717.2
	NAME (Type) Bruce Brumbaugh,	M. D.	5009 Main S	St. Elkridge 27,	Md.
	ANTO ANTO ANTO ANTO ANTO ANTO ANTO ANTO	AME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City, fown or	county) (Stata)
	REMOVAL (Specify) 1/15/62 Lot	udon Park Co	emetery	Baltimfore, Ma	ryland_
		ADDRESS		BY REGISTRAR   256, REGISTRA	

Howard H. Hubbard 4107 Wilkens Avenue #29

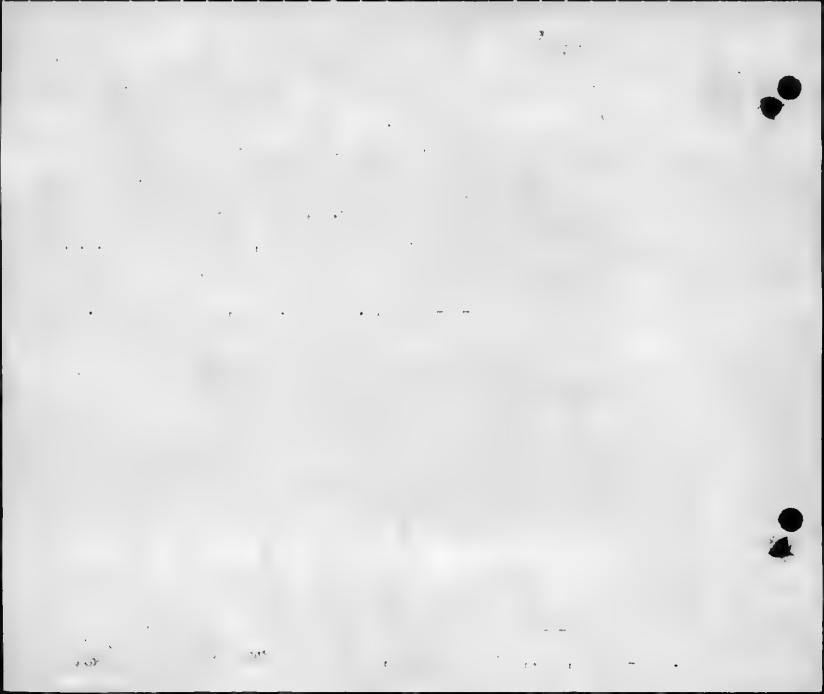
The law requires that the death certificate be executed within 24 CTOR: After this certificate has been signed by the attending physician and completely fuled it led be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after TO HOSPITAL O' AT Death. Page 4 ni connection by the Francisco of director, page 3 should be defined with the State Dept. o VR A15 (4) 15M 9/60





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AARYLAND STATE DEPARTMENT OF HEALTH



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à	for this cartificate has been a	far	ne State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.	
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TO HOSPITAL OR ATTEMP PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter dea	XX may be retained to the ship our filters has been sinned by the attending physician.	<b>.</b> [ [41		4
15	M 9.	159		1

	CEKTIFICA	HE OF DEATH	110214
1	PLACE OF DEATH d. COUNTY Tolt more MARYLAND	2. USUAL RESIDENCE (Where deceased lived If nativalian a., STATE b. COUNTY	Res dence befare admission)
-	rar ote	MHOYLHAD HAIN	E HICUNDE
	b CITY OR TOWN (f autside carporate l mits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside carporate limits, write RUR.	As and give nearest lawn)
	I't. Vilson, I ryland 28 days	GLENBURNE	1000
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	nt. wilson State Hos ital	BOX 559	YES NO D
3.	NAME OF First Middle	Lost 4. DATE Month	Day Year
	OFFICE ASED (Type or print) ADAM (BRUKIEW	A) BROOKS DEATH	27 1962
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS
	WIDOWED DIVORCED	4/3/1905   lost birthdoy) A	Aanths Days Haurs Min.
10	USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDU	ISTRY   11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRYS
	during most of work ng life, even if retired)	MARYLAND	11. S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JAMES BRUKIEWA	JAA - CIESL	AK
		NFORMANT Address	
("	n, no, of unknown) (If yes, give wer or doles of service) 2/6-03-8739	Hospital Records, Mt. Wilson	Stare Mosmital
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	LOSULUAL RECORDS LL LSCI	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	Da all the less	ONSET AND DEATH
П	IMMEDIATE CAUSE (o)	a most the rung	
	163X DUE TO ganta 1	Anthreen A	
	Canditians, if any, which gave rise to immediate	exposition, and	
	cause (a), stating the under-	11. wal . 20 P1	7 0
_	lying cause last ) (c) / (assis ve )	removing julia.	1-10,1
é	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART I(a) 19. WAS AUTOPSY PERFORMED?
2	002.		YES NO N
3114	200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING [ CAUSE OF DEATH]	ED. (Enter nature of injury in Part I or Part I) of Item 18.)	
CEP	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		LACE OF INJURY (Hame, form, 20f (City ar tawn)	(County) (State)
MED	Haur v. m.  19 While Not while to wark at wark	serify, sireal, office play., etc.)	
	21 I certify that (i) (this haspital) attended the deceased fram.	12-29 10/01/10 1-27	19/a 2 - that (I) (we) last
	/ ~	death accurred at LAM, from the causes and	
П	22a SIGNATURE		22b, DATE
	Mewcomer	M.D PHYS. DIRECTOR THYS	SIGNED
	1 ZZC PHYSICIAN'S	22d ADDRESS	170
	NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)	Int. Milson State Los. itil	. Ata Maria
23	BUR AL. CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY		
	REMOVAL (Specify)		
24	Burial Jan, 30-1962 HOLY Cross Co		RAR'S SIGNATURE
1	George & Male. 705 SOUTH A	NA . There IAM 5 3 co	- b



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## MARYLAND STATE DEPARTMENT OF HEALTH

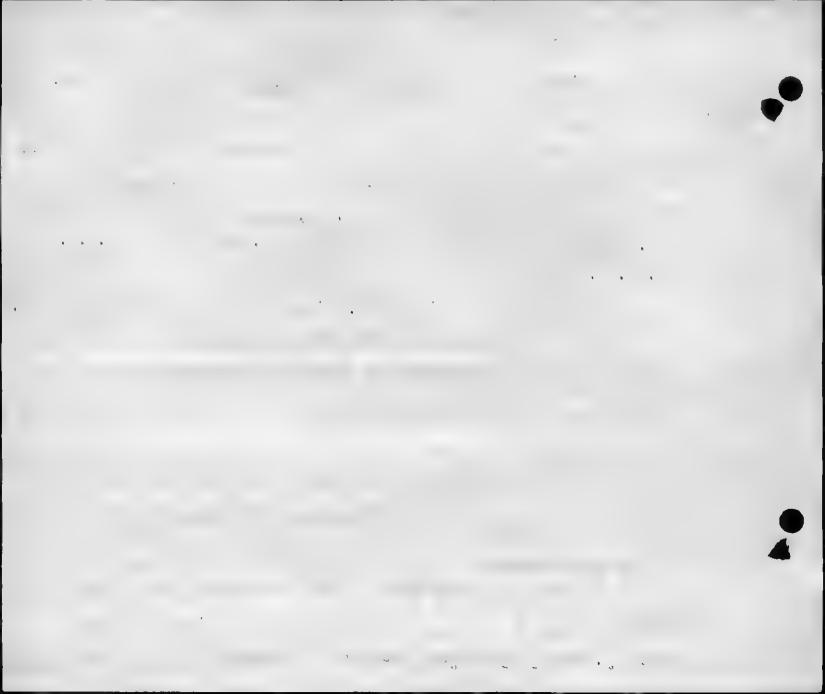
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

V	The state of the s	
Н	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where deceased I yed, if institutions Residence before admission)
ч	An	a. STATE b. COUNTY
/[	Baltimore Maryland	Mayyland
- 1	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		X m 41.
	Baltimore ,	7 Towson #4
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. 1S RES DENCE ON A FARM?
	Armacost Nursing Home	
- 1		DED DIVIE DITAG
	3. NAME OF First Middle DECEASED	Last 1.4 DATE Month Dey Yeer OF
	(Type or print) Blanche H.	DEATH *
		DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
- 1	7. MARKED NETTE MARKED	lest birthdey) Mouths   Davis   Mouths   Adia
	Female White WIDOWED IN DIVORCED 1 De	ec. 13, 1878 83 yrs. months
		BIRTHPLACE (County & State, or loreign country)   12. C.TIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired]	(1 b)(4) if are fraging a site of a large a security
	Housewife	Maryland U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Frist	Annie Amelia Beam
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address
	(Yas, no, or unkown) (Ifyesgivewerordetesofservice)	M
		. Marguerite Smith- 323 Dixie Drive #4
	IE. CAUSE OF DEATH [Enter on y one cause per lune for (e), (b), and (e),]	INTERVAL BETWEEN QUISET AND DEATH
	PART I, DEATH WAS CAUSED BY,	Adamara la
	IMMEDIATE CAUSE (a)	12 minutes - sugar
	DUE TO	
	Conditions, if any, Which ? (b)	ESHUMINE CHIERE COME
	gava rise to immediate cause	The control of the
	(e), stelling the underlying DUE TO	
	cousa last. (c)	
	PART II. OTHER SIGN FICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
	2	PERFORMED?
	3	YES NO C
	置 200. ACCIDENT WAS UNDERLYING □   206 DESCRIBE HOW INJURY OCCURED.	(Enter neture of in ury in Pert I or Pert II of Item 18.)
	200. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  INFERROR TRY MEDICAL EXAMINER.	
		And a series of the series of
	G	CE OF INJURY (Home, ferm, 20f. (City or town) [County] (State)  bry, street, office bldg., etc.]
	Hour a.m. While Not While factor at work et work	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
		13 24/2 - 11/2
	21. I certify that (I) (this hospital) arrended the deceased from.	19 57 10. 10 10 10 10 10 10 10 last
	saw the received slive on 1962 and that	death occured at M.M. from the causes and on the date stated above.
	220. S WKATO RL. **	22b. DATE
	11/1/1/1/1/ n/	ATTENDING MED. STAFF SIGNED
	Co it fell - 1 / Normal Symph	D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
	THE PARTY AND TH	R CREMATORY 1236, LOCATION (City, town or county) (Stete)
	238. BURIAL. CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 1-23-62 Stone Chapel	Cemetery Pikesville Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
		JAN 2 2 '62 Chilling & Health
	(i) 1 /likide a sono yull 17,	Ked DATE





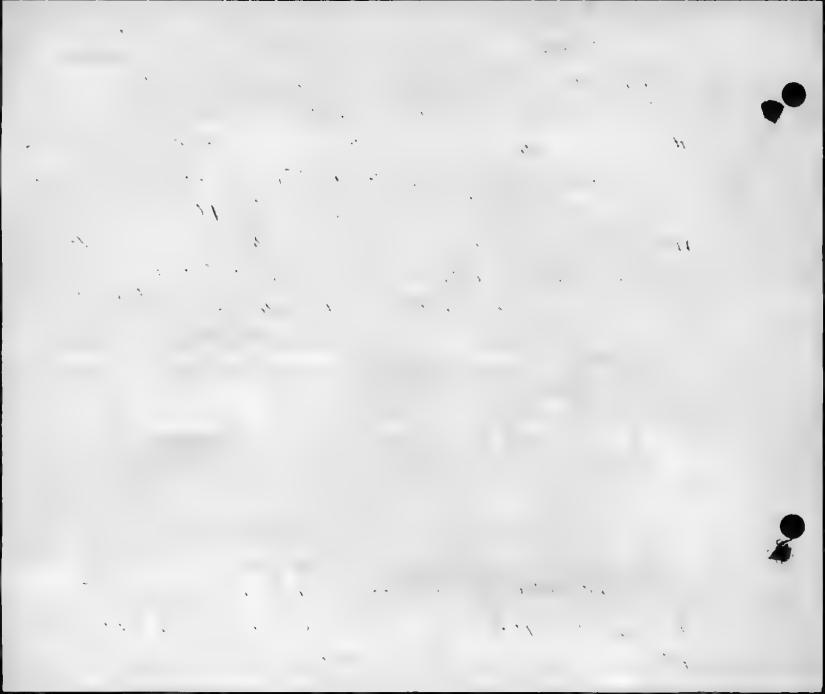
DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived If institution, Ras dence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (it outside corporate limits. c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? lome Road YES NOX 3. NAME OF Midd e DECEASED (Type or print) DEATH Menny anuaru. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS. 5. SEX COLOR OR RACE NEVER MARRIED lest birthdey) Months physician 10e. USUAL OCCUPATION (Give kind of work 1 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retigad) Mechanical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease Mary Righel attendi D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yespive wer or detes of service) 529 Old Home Road the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO geve rise to immadieta cause DUE TO (a), steting the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20% ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work al work 21. I certify that (1) (this hospital) attended the deceased from hearth 4 193 V to Grave V.5 .... 194.7 that (I) (we) last saw the deceased alive on . There. 22b. DATE 22e. SIGNATURE SIGNED PHYS. D.RECTOR PHYS. M.D. 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOUATION (City, town or county) BUR.AL. CREMATION. 1 23b. DATE THEREOF REPROYALCUSTIGION A FO TO B reen Mount ( mmeteru 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hartord Koad #14

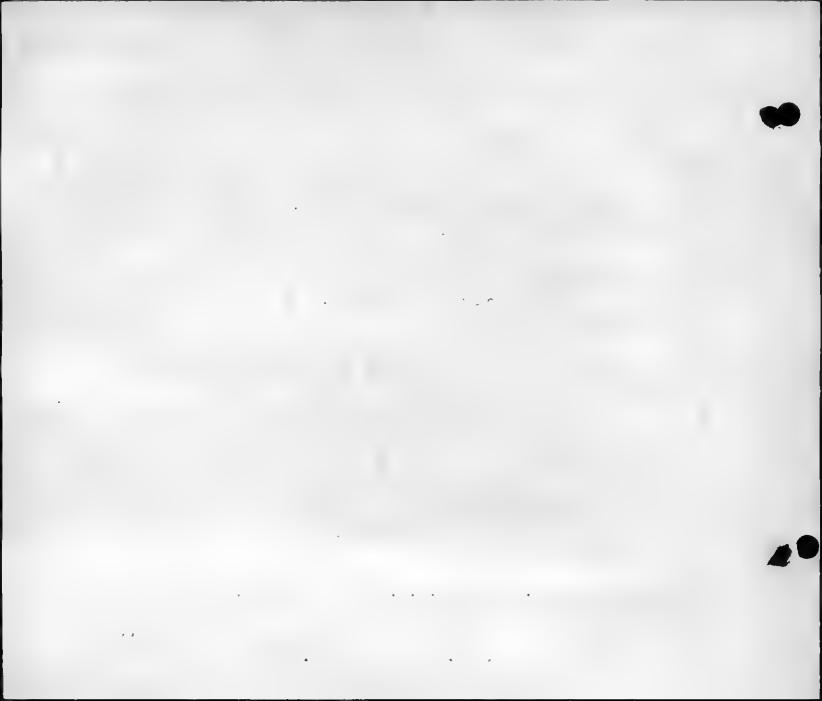


47	tem 18 Film A PRITE MARYLAND STATE DEPARTMENT OF HEALTH
- John	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission
C S S S S	Baltimore ManyLand Baltimore County  School Payland Baltimore County
of Heal	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
# E > 0	Middle River
fay if der for for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
dell led te B	25 Glenwood Court YES NO 1
any e fu stain Sta deat	3. NAME OF First Middle Last 4. DATE Month Day Year OF
or the	JOHN BUKRY DEATH JANUARY 16 1962
eath 13 t 13 t vy b vith vith	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 24 HRS
fer d	Male   White   WIDOWED   DIVORCED   3-4-1915   16 yrs.
2 h	10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. C.TIZEN OF WHAT COUNTRY
1 20 1	AUTO MECHANIC AUTO REPAIR   NEW JERSEY W.S.A
40 4 4 6	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
> -   0 - 1	STANLEY BUKRY JOSEPHINE OHARA
S. G. G.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  [Yes, no, or unknown] [Ifyasgive werordates of service]
ith lith	NO 1215-16-9601 PAUL CORSIGLIA ROB TUCKAHOE RO N.J.
or Fig.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c),
exe silon ans	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ALCONTAIN CHARLES  ONSET AND DEATH
l be	42. Arteracsclerotic cardiovascular dispuse
in grining of the second	Conditions, if any, which (b)
res Sa Ten	gave rise to immediate cause  (a), stating the underlying  DUE TO
endi inine ida	cause test. (c)
Tangara J	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART TIE 19. WAS AUTOPSY PERFORMED?
word word dical Edical Ecremal	TES IN NO IT
T = Ped = Pe	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED?  LAND AND AND AND AND AND AND AND AND AND
of Months of Mon	
MI PER CARE	ZOc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele)  Hour e.m. While Not While factory, streat, office bldg., stc.)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Hour e.m. While Not While rectory, streat, office orage, arc.)
2 2 2 2	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinion
certificanded RECE	death resulted from: Natural causes X. Accident . Suicide . Hom cide . Undetermined manner
Nard age	CHIEF MEDICAL EXAMINER
Marie transfer transf	SIGNATURE JAWAN N. HALL M. ASSISTANT MEDICAL EXAMINER X DATE SIGNED
PUTY I execution of the property of the proper	DEPUTY MEDICAL EXAMINER
Se exchoold hould lis desi	NAME (Type) / HOWARD G. SHAUB, M. D. Address (Street, city, lown, or county) 1/16/62
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
0 <u>7</u> 4 0 g	BURIAL 1-18-62 IGARDENS OF FAITH CEMI BALTO, MD-
VS. AISME	23. FUNERAL DRECTOR ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE
SM 9,60	Lassahn Fim & Home 7401 Schair Kd: DATE JAN 19 62 1 - M. S. France
,	. ,



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whata dacaased lived, If Institution: Residence before admission) 1. PLACE OF DEATH MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). OWING-S ON A FARM? 3. NAME OF DECEASED OF DEATH (Type or print) 7. MARR ED MEVER MARRIED done during most of working life, even if retired; 18. CAUSE OF DEATH [Enter only one cause par line for (a) (b), and (c INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO Congenital Heart Discase (a), stating the underlying causa last. PART IL OTHER S ON FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT WET RELATED TO THE TERM NAL D SEASO CONDITION GIVEN N PARTIES 19. WAS AUTOPSY PERFORMED? 206 DESCRIBE HOW INJURY OCCURED (Enter nature of infury in Part 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa. farm 20f. (City or town) 20c. TIME OF INJURY (County) Not While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from... , and that death occured al.S. saw the deceased alive on, AM, from the causes and on the date stated above. 22ª SIGNATURE 22b. DATE PHYS, DRECTOR PHYS. 23d. IOCATION (City, fown or county) å For VR A15 (4) 15M 9/60





· .	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	0022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111918
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission)
\$\$ a € ( <b>人</b> )	O. COUNTY ATTIMORE MARYLAND O. STATE MD. B. COUNTY BIRTINGEE
A SEL	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown)
Dia Dia	TOUSON  6 years  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address)  d. STREET ADDRESS  e. IS RESIDENCE
elay d fo	Lich RAVEN RESERVOIR 11209 CHLVERT RD ON A FARM?
function function functions in the state of	3 NAME OF Erst Middle Last 4 DATE Month Day Year
H ar the he of	(Type or print) FARY JOHN BUTLER DEATH JAN 2 1962
4.52年	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
and and 2 wi	M WIDOWED DIVORCED 8-5-44 IT yrs. Months Days Hours I Min.
25 P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life Leven in the large in
hours Ses 1	SCHOL guard Pool Maryland  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
PAR PAR	
3, Giv form F. File	J. Wilmer Butler  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT  (78s. no. or unknown) [(((1))) ((1))
hed w with with sermil	No - 220-42-6362 J. Wilmer Butler 1209 Culvert Rd 4
it in li	18. CRUSE OF DEATH [Enter only one cause per line for (e,, (b), and (c,.)]  PART 1. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e)  ACCIDENTAL DATE OF DEATH  ONSET AND DEATH
be concident	DUETO
in D Office Suring	Conditions, if any, which \( (b)
sho sa b rem	geve rise to immediate cause (e), stating the underlying DUE TO
cate or and	cause lest (c)
certifi rd "pe rd "pe I Exan Se use sation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I. 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED?
This dica uld I	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II or Part II of Item 18.)
Me the	Fell through the ice while skating
Chief o bur	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
The Port	p.m. 1-2- 19 62 at work at work Loch Reven Reservoir Towson Balto. Md.
15 50 9	21. I certify that I took charge of the remans described above, held an Autopsy Inspection Inquiry and in my opinion
Sent Court	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DIRE od age	ACTUAL SIGNATURE NULLABRING DATE SIGNED
	The state of the s
DEPUTY I hase execute thould be for the following the foll	NAME (Type) WILLIAM A. PILLSBURY Address (Street, city, town, or county)
DEPU Base ex Should FUNE its des	228. BURIAL, CREMATION, 226. DATE THEREOF 722c. NAME OF CEMETERY OR CREMATORY 722d. LOCATION (City, town, or country, (Sieta)
0 g 4 0 9	Burial   1-5-1962   Dulaney Va. Mem Gardens York Rd Cockeysville Md
VS. A15ME	23, FUNERAL DIRECTOR  ADDRESS
5M 7/59	Brooks Funeral Service, Inc Towson Md   DATE JAN 5 '62   William S. Kinne

I tem 20 Film 305 1-10 MARYEAND STATE DEPARTMENT OF HEALTH



o VS A15 (4) 15M 10/57

Pe should

(17)

alive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

John J. Duda

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1-5-1962 Air Memorial Avenue Dundalk. Maryland

Cemt. Rel Air 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE L shor & Three DATE AN 8

ADDRESS (Street, city or town, state)

22d EOCATION (City, fown, or county)

e. IS RESIDENCE

Doys

(County)

U.S.A.

INTERVAL BETWEEN ONSEL AND DEATH

dur

PERFORMED? YES | NO DE

(Stote)

(State)

YES NO IX

Year

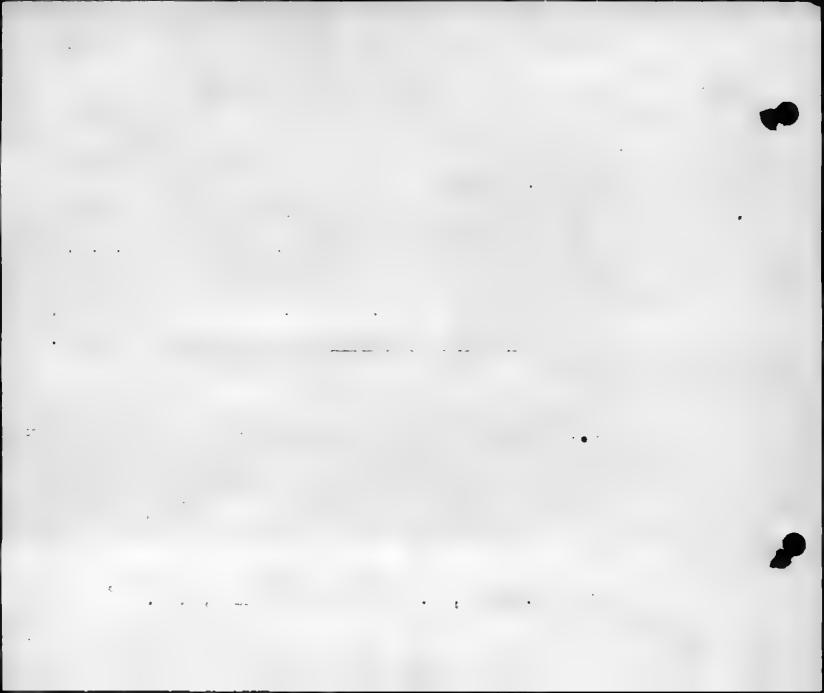
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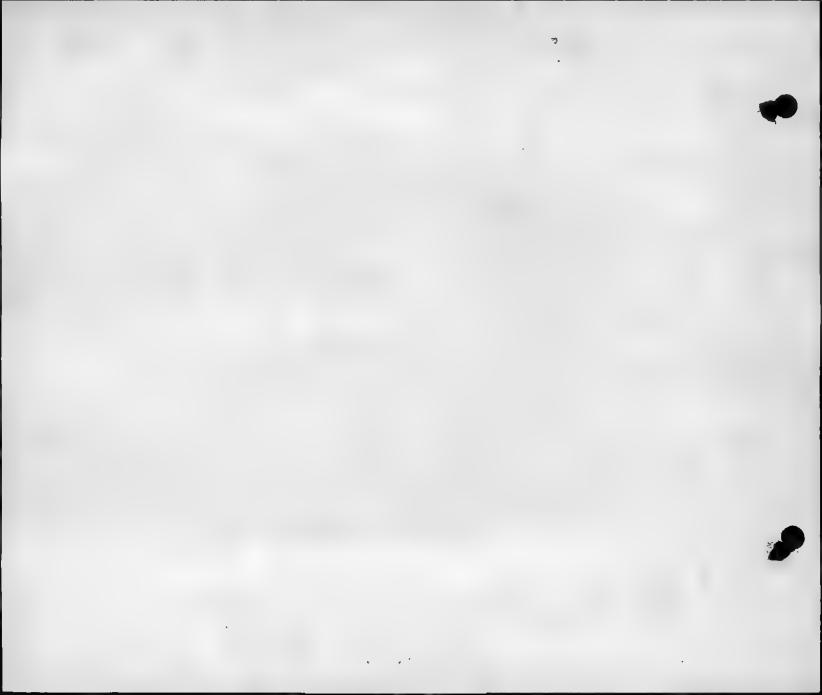
14 funeral ours after y the land 2 s carbon papers. Pages I 10 VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (11)22()

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Baltimore MARYLAND	Markland Baltimore
b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	Vp 311
Baltimore	X Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Chapel Hill Nursing Home	3614 Forest Hill Road #7
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED (Type or print) Manual C Conducted	OF DEATH January 1 19 62
Marie S. Cadwell  5. SEX  6. COLOR OR RACE, 7. MARDIER M. NEVER MADDIER	January 1 19 62  8. DATE OF SIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MARKIED LA RETER MARKED	lest birthday)   Months   Days   Hours   Min.
	March 14, 1886 75 yrs.
10e. USUAL OCCUPATION (G ve kind of work , 10b, KIND OF BUS NESS OR INDUST done during most of working life, even if refired)	RY, 11. B RTHPLACE (County & Stelle, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
Homemaker	Baltimore, Maryland U. S. A.
13, FATHER'S NAME	, 14. MOTHER'S MAIDEN NAME
Christian Stapf	Managament 2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. 17.	Margaret ?
(Yes, no, or unknown) (Hyesgive war or dates of service)	DAL CYLINIA COURS
	Cardiff L. Cadwell-3614 Forest Hill Rd.
18. CAUSE OF DEATH [Enter only one ceusa par I ne for ,a) (b), end (c) ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, CARCINOMA OF THE T	ONSIL WITH METASTESES TO THE 18 mos.
	GIANDS WITH OBSTRUCTION
	GIRMA WITH ORDINOCTION
Conditions, if any, which (b)	
(a), steting the undarlying DUE TO	
cause lest. (c)	
PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Biopsy performed at University Hospita	1. September 1961 YES NO K
200 ACCIDENT WAS UNDERLYING 1 205. DESCRIBE HOW INJURY OCCURE	D. Enter neture of injury in Pert I or Pert II of Item 18 )
PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N  Blopsy performed at University Hospita  206. ACC.DENT WAS UNDERLYING 1  OR CONTRIBUTING 1 CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER!	
	ACE OF INJURY (Home, Ferm, ; 20f. (City or town) (County) (State)
Bour a.m. HHHMHH While The While The While The The The The The The The The The Th	ctory, streat, office bldg , etc.)
	HERERER HERER HER H
21. I certify that (I)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1951
saw the deceased alive on December 3019.61, and tha	I death occured at 5:300 from the causes and on the date stated above.
22e SIGNATURE	ATTENDING MED, STAFF 22b, DATE SIGNED
The Most / / 16 to to	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/3/62
22c. PHYSICIAN'S	22d. ADDRESS 5101 Gwynn Oak Avenue,
NAME (Type)	m = 0.1 A
MillardoT. Traband, IT.  23a. SUR AL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 123d, LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Entombment 1-4-62 Lorraine Mau	Soleum Woodlawn, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1401 F 100
Wing sichner avono Toller. 17/1	Ed. DATE JAN 4 '02 Cirilwa & Thomas



## MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 224 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if noi in hospital, give street address) ō for a. IS RESIDENCE ON A FARM? and 3 to the funeral be retained in the state BLRN. RD. YES TO NO E 3. NAME OF DECEASED WITHT (Type or print) DEATH 19 6-12 6. COLOR OR RACELT, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS aay t last birthday) WIDOWED IX DIVORCED T 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life; even if retired) Electrical Erminet. within form PM3. 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) ([fyesgivewerordalesofservice] e along with f I-transit permit and in any e 1721. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which gava rise to immediate cause 60 pending. DUE TO (a), stating the underlying Examiner cause last pasn cremation, PART 11. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19. WAS AUTOPSY CERTIFICATION PERFORMED? P NO Medical pluods 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) bage 3 shorts to burial, ( PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. certificate, writing Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) Month, Doy, Year (County) (State) factory, street, office bldg., etc.) While Not While please execute i. E. certificate, wr 4 should be forwarded to the CO FUNERAL DIRECTOR: Pag or its designated agent, prior to at work at work アンナロし( 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry Xi. and in my opinion death resulted from: Natural causes XI. Accident . Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER L.D. to zoplen ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a, BURIAL, CREMAT ON 7 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (C.IV. lown, or country) REMOVAL (Specify) Burial Maryland 占 Druid Ridge Cemetery 0 940 Baltimore H FUNERAL DIRECTOR 8728 Liberty Road 24a. REC'D BY REGISTRAR ! 24b. REGISTRAR'S S.GNATURE VS. A15ME Randallstown. Md. DATE JAN 2 6 '62 Writing S. Trave 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE Maryland a. COUNTY 6 COUNTY Baltimore MARYLAND Baltimore b CITY OR TOWN (If putside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Baltimore 12, Stoneleigh Baltimore 12. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 803 Tred Avon Rd. Tred Avon Rd YES NO K 4. DATE OF DEATH NAME OF First Middle Month Year Last DECEASED (Type or print) GEORGE REVELL COLEBURN 1 - 919 62 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED X NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days 62 WIDOWED [ DIVORCED [ white male 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. self employed Virginia attorney 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert P. KKKKK Martha Kelley Coleburn 17 INFORMANT IS WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Hermine H. Coleburn above no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Chronic pyelonephon Is and gout Canditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 7 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY (Stote) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. Jan. 9 21 I certify that (!) (this haspital) attended the deceased fram Sept 19.6.2-that (I) (we) last 1966 .. to\_ . 1962, and that death accurred a 227M, from the causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b DATE SIGNED authorn M.D. PHYS MED DIRECTOR 22c PHYSICIAN'S 22d ADDRESS 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) Buscremation Baltimore City. Green Mount 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR Service, Inc. Towson4.Md. DATE AN 1 0 '62 sur S. Yeraus

Fled 24 mplet papers ond 500 .≘ physician гетоме aftending 70.

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VS. A15ME(5) 5M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
Dagge MEDIC	AL EX	AMINER'S C	ERT	IFICATE	OF DEATH	

CO228 MEDICAL EXAMINER	S CERTIFICATE OF DEATH  GOOD 1/11/62 1 wk  Reg. Dist. No. (1223)					
1. PLACE OF DEATH a. COUNTY Balto. Co. MARYLANG	2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission) o. STATE Faryland b. COUNTY					
b. CITY OR TOWN (II outside corporate limits, write RUFAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Turners Station Life	Dundalk - Turners Station					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  IS RESIDENCE ON A FARM?					
107 Avondale Rd.	107 Avondale Rd. YES NO					
(Type or print) SAURINA	O/QS  4. DATE OF DEATH  1/7/32  19/2					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X						
Female Colored WIDOWED DIVORCED	Dec. 24, 1900 5/6 7199.					
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Child	Bartimore City, Md.					
73. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
/ Alvin Wm. Coles	Helen Brown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
	rs. Helen Cole 2023 lt. Royal Terr.					
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	CURIC					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP. WAS AUTOPSY PERFORMED?  PERFORMED?  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  CAUSE OF DEATH.						
	(Enter nature of injury in Part I or Port II of Item 18 )					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt. Hour o. m. P. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)					
21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Hamicide . Undetermined cause .  ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER .  DATE SIGNED						
EXAMINER'S SACK C COLLIFY	ASSISTANT MEDICAL EXAMINER D					
20. SURIAL, GREMATION. REMOVAL (Specify) 21/12/62 21. Arbutus 1.em						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
Um. A. Jackson Juneral Home Inc. 916 Per	na. Ave. PARN 8 '62 Cir. of & Time					



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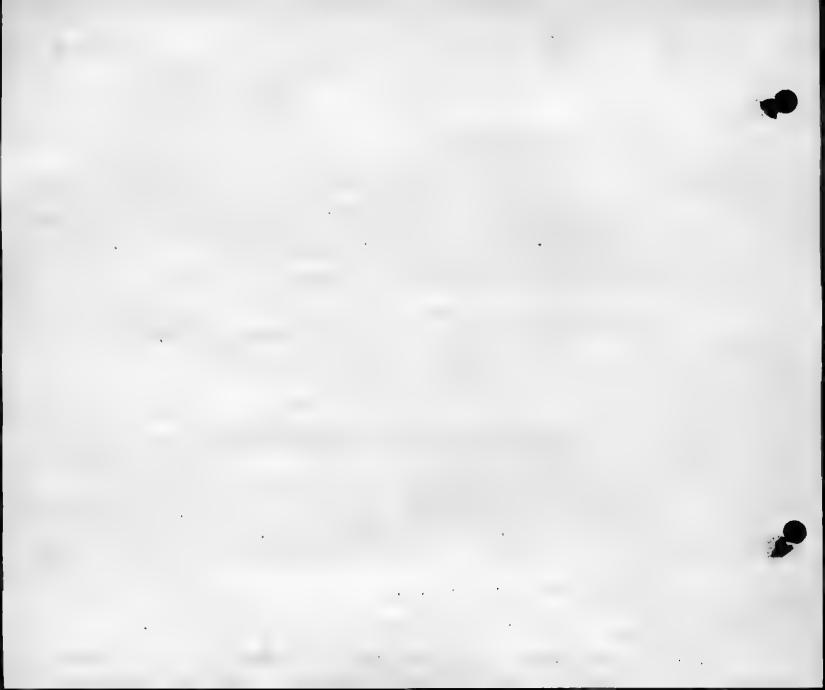
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MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
00228 CERTIFICATI	E OF DEATH	01	1225				
LACE OF DEATH	2. USUAL RESIDENCE (Where de	acaesed livad, If institutions Residence	a balore adm ssion)				
. COUNTY MARYLAND	a. STATE A. A. A. A. A.	b. COUNTY A P. P.	File				
CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nagrest town)	c. C TY OR TOWN (If outside corp	orete lim ts, wr te RURAL end giva n	aarest town)				
s with white end disa usulati town)	·	113 144	5. 2.				
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
7 1-1. NE 1-1. F. 11/2 1711-1211	1 4 4 4 5		YES NO				
NAME OF First Middle	Last 4. DATE	Month Day	Year				
Type or print)	DEATH		19				
6. COLOR OR RACE 7. MARRIED NEVER MARRIED " B	, DATE OF BIRTH 9	AGE (In years   IF UNDER   YEAR last birthday) Months Days	IF JNDER 24 HRS. Hours   Min.				
/ A WIDOWED DIVORCED	1.	ум.					
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR a during most of working life, even if retired)	and the second s	fora gn country) 12. CITIZEN OF	WHAT COUNTRY?				
Construction	1 1 1 1 Am A	U.S.A.					
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	* ** **	a				
and the same of th	1	Mary	Stanton				
WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17 I	INFORMANT	Ad dress					
18. CAUSE OF DEATH [Enter only one cause per line for te., (b), and (c).	И	ודאו ו	RVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	$\#R_{i}$ :	ON	SET AND DEATH				
IMMEDIATE CAUSE (a)							
Committee of the Commit							
gave rise to immediate cause							
(e), stating the undarlying cause tast.	1						
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(e)   15	WAS AUTOPSY				
PERFORMED? YES NO P							
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJÜRY OCCURED OR CONTR BUTING _] CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER)	) (Enter natura of injury in Pert I or Part I	I of Itam 18.)					
t	CE OF IN LRY (Homa, farm, 20f. (City	y or town] (County)	(Stata)				
Hour a.m. While Not While tack	tory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from.	., 19, 19, 4 to.		at (I) (we) last				
saw the deceased alive on	death occured at	n the causes and on the da	te stated above.				
22m. SIGNATURE			225. DATE SIGNED				
	ATTENDING MED.	STAFF PHYS.	210460				
22c. PHYSICIAN'S NAME (Type) ; LITZIGE   LITZIGE	22d ADDRESS		276				
BURIAL, CREMATION, 236, DATE THEREOF 236, NAME OF CEMETERY	OR CREMATORY   23d. LOC	ATION (City, Town or county)	(Stele)				
REMOVAL (Specify)  Burial 1/31/62 Holy Redeeme	r Cemetery Bal	ltamore, Md.					
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m REC'D BY REGIS	TRAR   256. REG STRAR'S SIGNAT	URE				
Very m Lour on 4611 Park Heights . B	Balto Md DATE AN 3 0 '62	washing S. Kraus					

emmon.4611 Park Heights, Balto. Md. DAN 4N 3 0 '62

funeral IO HOSPITAL OV TENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 r. retained by the hospital or attending physician.

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CERTIFICATION

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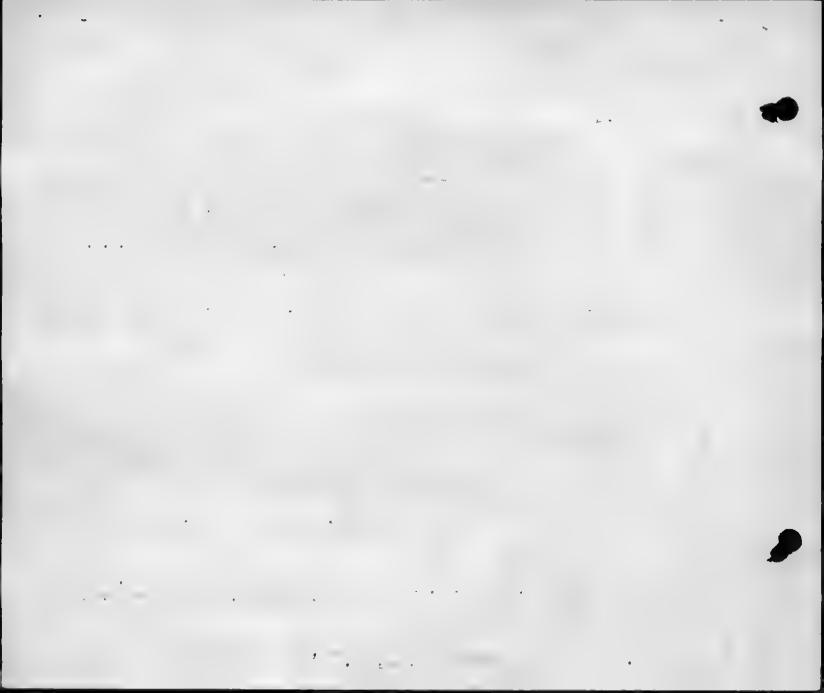
. .

CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before edmission a. COUNTY a. STATE **b.** COUNTY Baltimore MERYLEND Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! affer 4 days Annapolis Fort Howard d. STREET ADDRESS . IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) ON A FARM? 5 Washington Street Veterans Administration Hospital YES [ ] NO [ completely DATE DECEASED (Typa or print) ASHTON CORITM DEATH 1962 January within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRED IF UNDER 24 HRS B. DATE OF BIRTH 19. AGE (In years HE UNDER I YEAR) last birthday) | Months and Hours Male Negro WIDOWED DIVORCED [ January 22 1893 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BRIHPLACE (County & State, or foreign country, 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Delaplane, Virginia Storage Company U.S.A. Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Ashby Enoch Corum 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records Toos VA Hospital Yes, no, or unkown) (Ifyes g've war or dates of service) Baltimore 18, Maryland-FORT HOWARD DIVISION has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PULTONATY INFARCTIONS l Jeek burial-transit Arteriosclerotic Heart Disease Unknown Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART I, OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ARTERIOSCLETO IC CARDIDVASCULAT DISEASE NO F 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) After this (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ( 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, strael, office bldg., etc.) While at work at work ECTOR: 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Page 4
IO FUNERAL
director, page 3
be filed with the 22c. PHYSICIAN S 3900 Loch Raven Blvd. Baltimore NAME (Type) 18. Maryland, Fort Howard Division 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) Baltimore, Maryland Baltimore National Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 000 Brantley Ave. DATE JAN 31 '62 15M 9/60 Elroy O. Wilson Funeral Home Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS.



12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland USA Matilda ? Address Veteran's Administration Fayettee & St. Paul St. INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 👼 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20f. (City or town) (County) (Stote) Inspection A tinquiry and find that Undetermined couse DATE SIGNED ASSISTANT MEDICAL EXAMINER 1-2961 DEPUTY MEDICAL EXAMINER 14-22d. LOCATION (City, lown, or county) (Stote) Balto. National Cemetery Baltimore, Maryland **CADDRESS** 23. FUNERAL DIRECTOR'S SHONAZHE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JAN 3 1 152 Bruzdzinski 1407 Eastern Ave. James E. DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea, Dist. No

FUNDER TYEAR

Months

Baltimore

e. IS RESIDENCE ON A FARM?

YES A NO

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IF UNDER 24 HRS.

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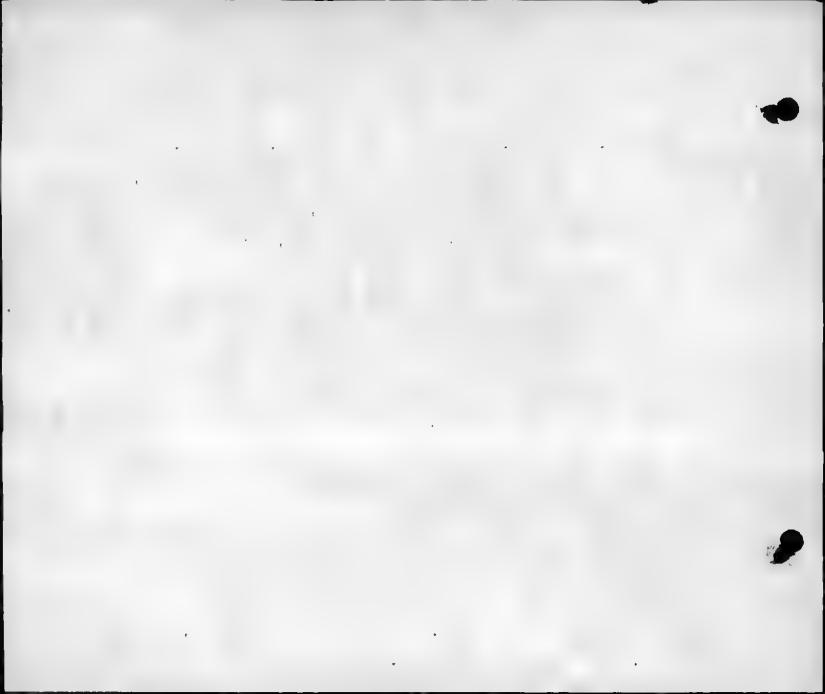
**b.** COUNTY

January

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9. AGE (In yours

VS. A15ME(S) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if Institution; Residence before edmission) II. COUNTY a. STATE Raltimor MERVICENT b. CITY OR TOWN (I outside corpora e limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporeta limits, wr'ta RURAL and give nearest town) write RURAL and give nearest town) Dundall: Dundal k 9 vears e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, a ve street eddress) d. STREET ADDRESS ON A FARM? Willow Court YES NO 3. NAME OF DECEASED (Type or print) DEATH 19 62 January Ath 9. AGE (In years of UNDER I YEAR) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF LINDER 24 HRS 8. DATE OF BIRTH last birthdey) Months | Days House WIDOWED DIVORCED T Female 10e. USUAL OCCUPATION (G've k'nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Caroline Co. Virginia Wife House 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Charlie Proum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) i (Ifyes giva war or deles of service) lir. James !. Day 118 Willow Court # 18. CAUSE OF DEATH [Enter only one cause per lyke for (e), (b), and (c). INTERVAL BETWEEN DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) geve rise to immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATHEUT NOT RELATED TO THE TERMINAL DISE PERFORMED? NO I 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJJRY OCCURRED | 20e. PLACE OF INJURY (Hame, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., etc.) While Not While Hour a.m. 21. I certify that (I) (this hyspital) attended the deceased from Mary 15... 196/, to... A.M. 196. 2 that (1) (we) last 19. 4.2 and that ceath occurred at 2.45.4M, from the causes and on the date stated above. saw the deceased sive on. 220. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS. 22c. BHYSICIAN S 22d, ADDRESS NAME (Typa) 1 23c. NAME OF CEMETERY OR CREMATORY 23e. BUR.AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Co. Fary and 1%. Calvary Cemetery

ADDRESS.

In. A. Je'son Juneral Jone 916 Perns. Ave/

25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Chilling & House

DATE JAN 8

papers. in 72 ho comple and physician death. Page 4
TO FUNERAL I
director, page 3
be filed VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



funeral the I

IV

purs after

TO HOSPITAL OX TENDING PHYSICIAN: The law requires that the death certificate be executed within Tour death. Page 4 or retained by the hospital or attending physician.

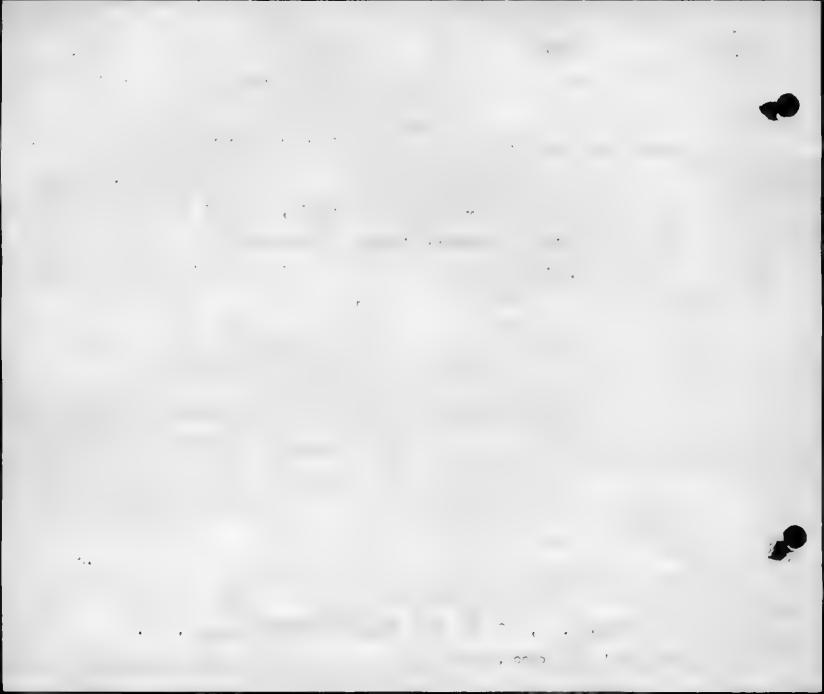
TO FUNERAL LEAGECTOR: After this certificate has been signed by the attending physician and completely filled. The director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH nagga

1=	DI FOR OR DEFEN	- 20 4-4- 20 64-					1 15 1	<u> </u>	
'-	PLACE OF DEATH			11	USUAL RESIDENC e. STATE	E (Where deceased	b. COUNTY	Kesidence bei	tore edmission)
	Bal	timore	MARY	LAND	Mal	ryla nd	В	altimor	re
	wrife RURAL and	f outside corporete limits give necrest town)	s, c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (If	outside corporata li	mits, write RURAL e	ind give neeres	st fown)
<b> </b> _	Tows		inot in haspitel, a ve street edd		d STREET ADDRESS			1.0	IS RESIDENCE
		nvalencant		4 4	313 Allegh	eny Avenu	9		ON A FARM?
3	NAME OF	First	Midd, e		Last	4. DATE	Month	Day	Yeer
	(Type or print)	ARM	MINIUS GRAY D	IXON	I	DEATH J.	anuary 1	1.	19 62
5.	SEX	6 COLOR OR RACE	7. MARRIED NEVER MARRI	ED B. DAT	TE OF BIRTH		(In years   IF UNDER	ET YEAR IF U	NDER 24 HRS
	Male	White	WIDOWED TO DIVORCE	p 🖂 Febr	ruary 13, 1	1870   91	yrs.	50,5	.,,
10	a. USUAL OCCUPAT	ION (Give kind of work rking life, even if relired	106. KIND OF BUSINESS OF	R INDUSTRY 11	B RTHPLACE (County	y & Stete, or foreign	country 12 C	ITIZEN OF WH	IAT COUNTRY?
_		n- Retired		inister	North C		U	SA	e adi
1 '3		la M Diana		14.		beth Harr	d a		
		ohn F. Dixor		1		De cii Haii			
		ER IN U.S. ARMED FORCE			RMANT		Address		
	No	No	None	,Family	y Records				
-	18 CAUSE OF D	EATH [Enter only one	couse per line for (e), (b), end (	c}.,					AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	uremia.						RIND DEATH
	1-1-	I DISTO	frostatue acte io se	model.	.0. 11	06 - 1			_
	Conduine Is and	00010	Prostate	EUSTIU.	wood Cc	unonce)	,	0	0.
	Conditions, If any	eta causa (b)	15 to 15 90	Centre.	Run	no per	wee als	w year	and the
	(e), steting the u	nderlying DUE TO	acces to the	-	-			ļ	-
	cause lest.	(c)_	Mukely						
S S	PART II, OTHER	SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE COND	T ON GIVEN IN PA	RT 1(n)   19. W	PERFORMED?
15								YES [	NO P
CERTIFICATION	OR CONTR BUTING	AS UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER]	20b. DESCRIBE HOW INJURY	OCCURED. (Ente	r nature of injury in P.	ert I or Pent II of Jei	n 18 )		
1			r   20d, INJURY OCCURRED	DI AGE OF	INTUINV (U	201 (City on to		ounty)	(Stelle)
WEDIC/	Hour e.m.	RY Month, Day, Yee	While Not While et work et work	factory, sh	reet, office bldg., etc.)	) :	7777	ounty)	(2.616)
		hat (I) (this hospita	al) attended the decease	d from	xx 21/2	19.4., 10.	1	94. 7 that	(I) (we) last
	saw the deceas	ed alive on. 901	72 11 7 . 199 T.,	and that deat	th occured at 🔑	M, from the	causes and on	the date s	stated above.
	22e. SIGNATURE	2. 15	1 0		ATTENDINGM	NED ST	A FF	1	226. DATE SIGNED
	(	Miluel.	Mynes	MD.		RECTOR PH		1/12/6	-
	22c. PHYSICIAN'S NAME (Type)	- MPa	uT Brent	4	22d. ADDRESS 20	· Moste	Rd 1.	helos,	12
=	RIPIAL CREMATI	<u></u> ON,   23b, DATE THERI	EOF 1 23c. NAME OF	EMETERY OF CE	REMATORY	127d. LOCATION	(City, lown or cou	nty)	(Stete)
23	REMOVAL (Specyly)		. 10 110 1	Maria	1 Maugala				
-		m.Jan. 15,1	L962_ GUITOYA.	TIE MOST	1/ 11/4450/04	High Poi	nt, N.G.	SIGNATURE	
74	FUNERAL DIRECTOR					U DI REGISTRAR	200, REGISTRAR	- SIGITATORE	
_	John Burns	Sons, Town	on, Maryland	M	DATE	N 1 5 160	Cockey		
							- Comment	d. / VIANE)	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) RULAL and give nearest town). d. NAME OF HOSPITAL (If not in hospital, give street addys) d. STREET ADDRESS OR INSTITUTION? ò ₽. NAME OF Middle DATE Month ed \_ DECEASED OF (Type or print) DEATH Pages death Ī IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 5 SEX MARRIED NEVER MARRIED completely lost birthdey Months 5 WIDOWED [ DIVORCED [ yrs. poper 12. CITIZEN OF WHAT COUNTRY? Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHBLACE (State or foreign country) during most of working life, eyed if retired) WSA puo 14 MOTHERS MAIDENHAME physicio 17 INFORMANT Address 16. SOCIAL SECURITY NO. 10 mag ttendi 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] <u>p</u> PART I DEATH WAS CAUSED BY: ō IMMEDIATE CAUSE (o) the **DUE TO** è Conditions, if ony, which permit. removal certificate has been signed gove rise to immediate **DUE TO** couse (a), stating the underphysician. lying couse lost. burial-transit (c). Б PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cremation, attending 20g. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) ŝ 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF NJURY 20d INJURY OCCURRED (County) Doy, Year factory, street, affice blda., etc.) MEDI Hour o.m. While Not while ot work p. m. of work 21 I certify that (1) (this hospital) attended the deceased from. 19.4.2. that (1) (we) last .10 Land that death occurred at J. L.M.M., from the couses and on the date stated above sow the deceared alive on... 22o. SIGNATURE FUNERAL DIRECTOR Sough 3 shauld be de ATTENDING MED. STAFF g. MD 22c PHYSIC AM 22d. ADDRESS NAME TYPE

0

poge 3 the State VR A15 (4) 15M 9/59

AUNERAL DIRECTOR'S S GNATUS

230. BURIAL, CREMATION, 236. DATE THEREOF

EMOVAL (Specify wice

CEMETERY OR CREMATORY

250 REGISTRAL DATE

256 REG STRAR'S S GNATURE

23d LOCATION (City, town, or county)

Orthur S. Krans

e IS RESIDENCE ON A FARM?

Day

Dovs

YES NO M

Year

19

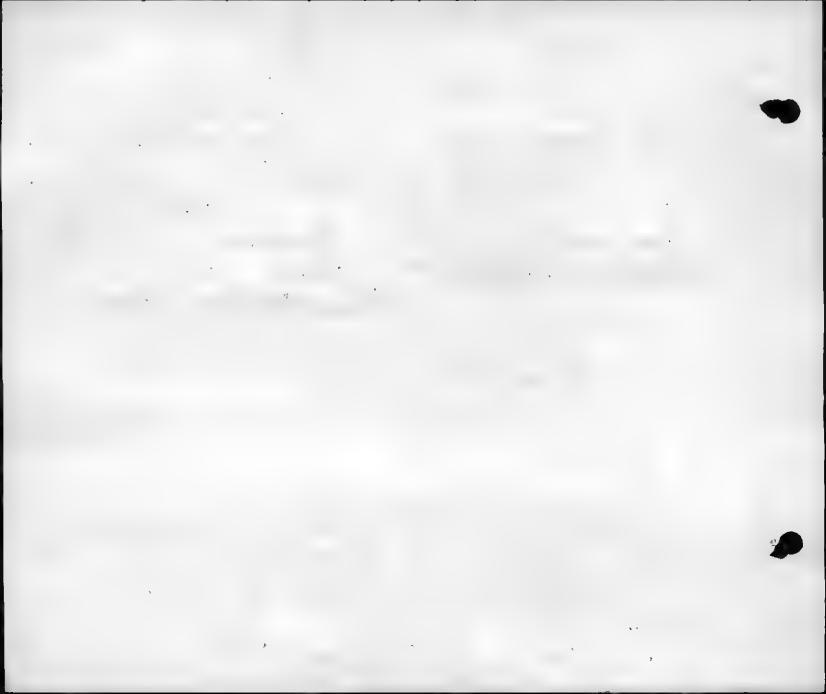
INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stota)

(Stote)



MAKIEMIZE	SIMIL	ULI	WULLATELA	1 🔾 1	I I LALE I	17
IVISION OF STATISTICAL	RESEARCH	AND	RECORDS	BALTIM	ORE 1, M.	AR'

DIVISION OF	STATISTICAL RESEARCH AN	ID RECORDS BALTIMO	RE 1, MARYLAND	
00234	CERTIFICA1	E OF DEATH	2	00231
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where of	deceased lived If institution b. COUNTY	Residence before admiss on)
b CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) Pikesville 8, Md.	c. LENGTH OF STAY IN 16  2 weeks	c. CITY OR TOWN (If outsid	le corporate limits, weite RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stree or institution 717 Westover Rd., P11	li li	d. STREET ADDRESS 4111 Newton	Ave.	e IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Emily	Middle <b>Keene</b>		DATE Month OF DEATH Januar	y 16, 19 62
Female , White widow	THE CONTRACTOR CONTRAC	DATE OF BIRTH Oct.25, 1878		Annths Doys Hours Min
o USJAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired) HOUSEWITE	Own home	England	oreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Kee	ene	unknow		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16 as. no. or unknown, (1) yes, give war or dates of service)	S. SOCIAL SECURITY NO 17 INI	FORMANT	Addin	ikesville 8,Mc
No None	None Mr	s.Lucia F. G	erwig,717 W	estover Rd.
				140.00000000000000000000000000000000000

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH terminal DEATH WAS CAUSED BY: 400 IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underying couse lost RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?

YES NO

CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

WEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p m

21 I certify that (1) (Not hospital) attended the deceased fram Ppri \_\_\_\_, 196.2\_, that (I) (==) last 10 Va4 16 saw the deceased alive an and that death accurred at \_M, from the causes and on the date stated above 22b DATE SIGNED

M D. PHYS. MED. STAFF PHYSIC AN'S 22d. ADDRESS

230 BURIAL, CREMAT ON, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (Stote) REMOVA (Sprcify

Jan. 20, 1962 Meadowridge Cemetery 256 REGISTRAR'S SIGNATURE 250 REC DAY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE

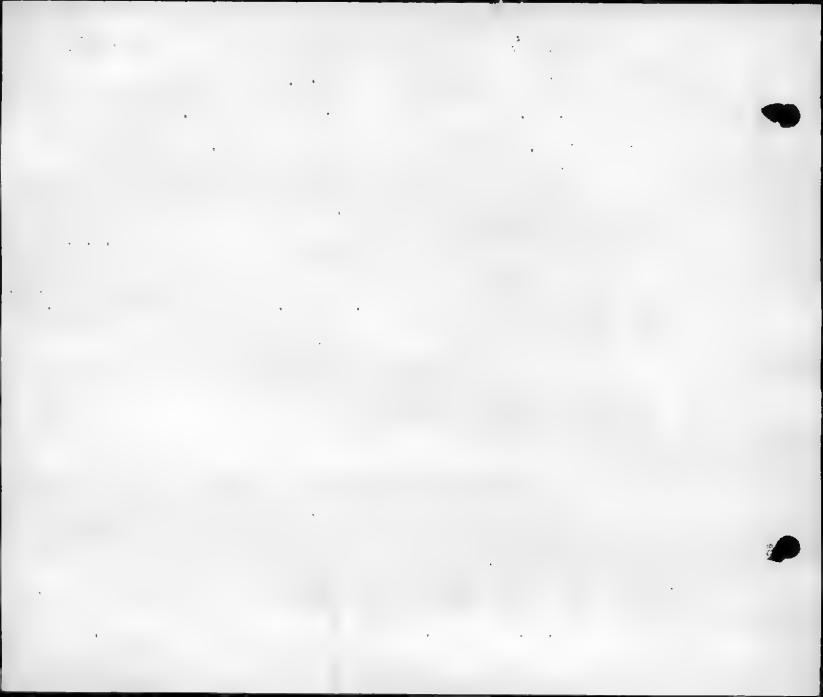
physician and completely filled in by the smove corban popers. Poges 1 and 2 shai 72 hours ofter death. attending physician and n please remove carban event, within any puo permit. certificate has been signed as the burial-transit cremotion, U.Se Di **Board of Health** TO FUNERAL DIRECTOR PAGE 3 should be don't he State Board of H

that the douth pertificate De executed within 24 haurs af

O HOSPITAL OR A

SING MYSICIAM:

VR M15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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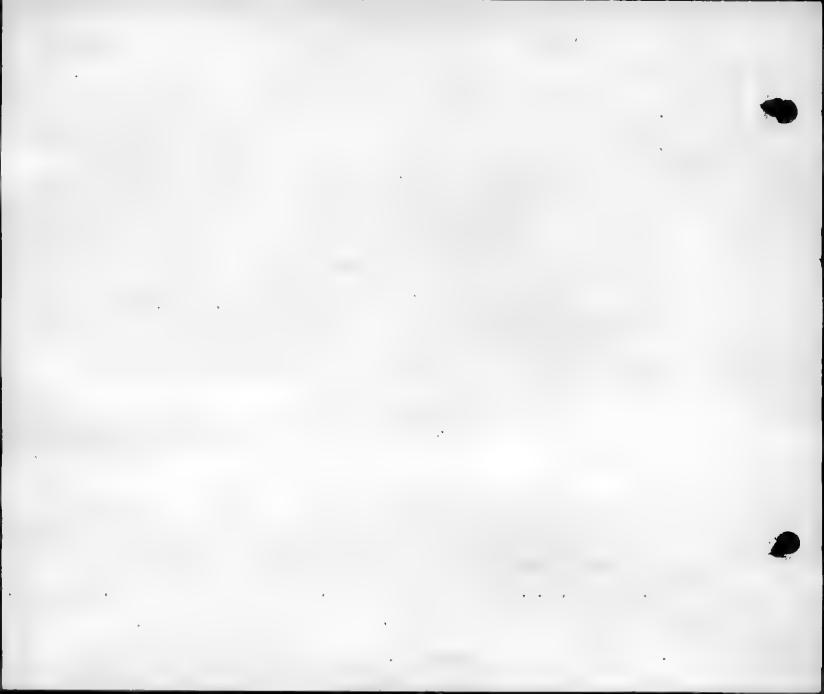
		00400		:			Valle
A		PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived.		before adm ssian)
IJ		Bultimore	MARYLAND		LAND	PRINCE	GEORGE
	ł	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1	VN (If outside corporate lim		e nearest town)
		Nt. Wilson, H my and	6 days'	COLLE	GG PARK	11.	MA I P
		d NAME OF HOSP TAL (If not in hospital, give street of R INSTITUTION	oddress)	d STREET ADD			e IS RESIDENCE ON A FARM?
,		Mt ilson State Hospita	1	4700	VAVAHO	5/	YES NO X
		NAME OF First	Middle	Last	4. DATE	Manth	Day Year
		Type or print) EDWARD	EDWIN	EHOFI	OF DEATH O	TANUARY	8 1962
	5. 5	EX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9 AG	and the same of th	YEAR IF UNDER 24 HRS
		MALE WHITE WIDOWE	D DIVORCED	SEPT.	3,1894 6	yrs monins D	ays Hours Min,
	10a	USJAL OCCUPATION (Give kind of work dane 10b during mast of warking life, even if retired)	KIND OF BUSINESS OF INDUS A Sタイルら アロム	STRY 11 BIRTHPLAC	(State ar fare gn country)	12 CITIZE	N OF WHAT COUNTRY?
	1-	PIPE TAPPER S	MATARY DET		TIMORE	MICT. U	5/1
	13	FATHER'S NAME	Jan year	14. MOTHER'S MA	7	-	
		TREDURIEN IN DIE	7=7-	WIK.V	A J. 31	AN19	
/4	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address	
		NO 22	2-09-76/6:	os ital R	ecords, At.	ils a t te	Luspitel
		1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	-	1		INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	IL-MONARY	/UBER	: ULOSIS		ONE YEAR
		DUE TO	/				
		Conditions, if ony, which ) (b)	/				
		gave rise to immediate DUE TO	*				
		lying couse lost.					
	TION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	ETERMINAL DISEASE CON	D TION GIVEN IN PART I	(a) 19 WAS ALTOPSY
	FICATI	PRTERIOSCLEROTIC (	ARDIO LASO	CULTR	DISEASE	_	YES NO
. 1	TIFE	20a. ACCIDENT WAS UNDERLYING ☐ 20b DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of in	jury in Port I or Port II of i	tem 18 )	
	CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)					ę
	CAL	N. C.	6		ne, form, 20f (City or tow	(Cor	unty) (Stote)
	MEDI	Hour a.m While all wart		ctory, street, office bl	og., erc.)		
		21. I certify that (1) (this haspital) attend	led the deceased from-	JAN, 2	1862 to JA/	V 8 1962	that (l) (we) last
		saw the deceased alive an IANL S	1962 and that a		7 0	auses and an the	
		22a SIGNATURE					22b, DATE
		Mewcomer		M D PHYS [	MED STA		1-8162
		22c PHYS CIAN S NAME (Type)		22d ADDRESS			
		oreover, I. Cu	erint ndent	**+.	lan Ctre	1757 t 2, 11t	. Tring
	23a	BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREAMANORY	23d LOCATION (I	City, town, or county)	(Stole)
	B	urial (Specify) Jan 12, 1962	George Wasi	hington	Hyattsv	ille Md.	
	24,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR	256 REGISTRAR'S SIGN	IATURE
		F. Gasch's Sons Hyat	ttsville Md.	n n	ATE JAN 1 2 '62	S. L. a. I	

may be retained the haspital ar attending physician.

D FUNERAL DIREC C.R. After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detoched for use as the burial-transit permit. Then please remaye carbon papers. Poges 1 and 2 shouthe State Board at Health priar to burial, cremation, or removal, and in ony every, within 72 hours after death. DING PHYSICIMM: The lam requires that the Imath certificate be executed within 211 hours after TO HOSPITAL OR AT

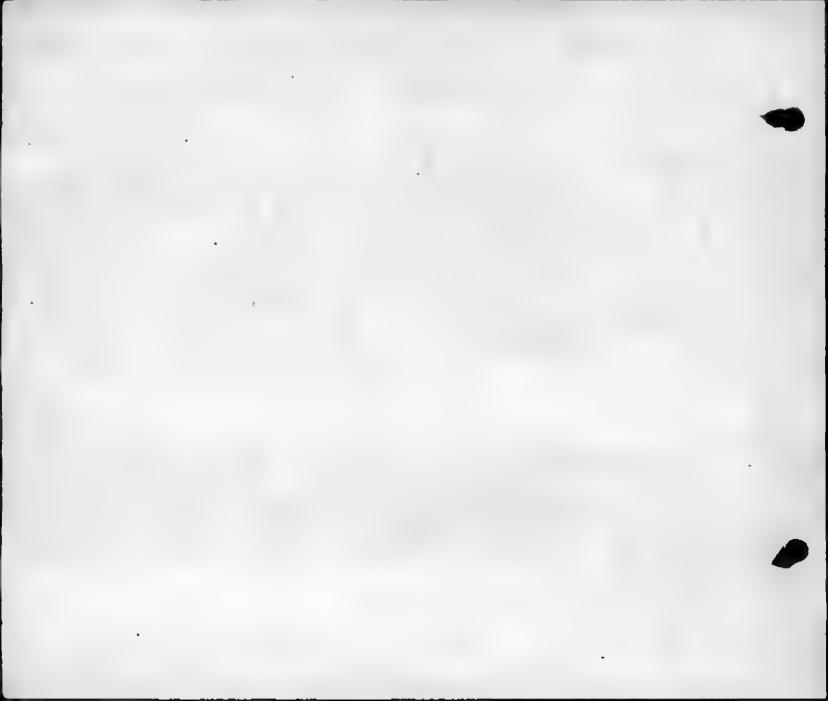
al director, ae filed with

VR A15 (4) 15M 9/59



ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

L	D:	6235		CERTI	FICA	ATE OF L	PEATH	l		Reg. Dis	t. No.	Ĥi	932
1,	PLACE OF DEATH 6. COUNTY	Balti	more	MARY	LAND	2 USUAL RESI	Md.	ere deceased	lived. If institute b. COUNTY		e before o	dmissic	on)
	RURAL and give ne	toutside corporate limi lorest town) tonsville		c. LENGTH OF STAY	IN 1b	c. CITY OR		imore	ote limits, write f	URAL ond g	ive neares	lown)	
		AL (If not in hospital, p Shady Noc			me	d. STREET A		llima	n St.		1 1		DENCE FARM? NO 2
3.	NAME OF DECEASED (Type or print)	BLA	NCHE	Middle E.		EICHHC		4. DATE OF DEATH	Janu	ary 4	, 19		ear •
5.	male	6. COLOR OR RACE white	1	_		12/19/	<sup>H</sup> /1873	9	AGE (In years last birthday) 88 yrs.	Months		UNDER ours	Min
10	during most of work	ON (Give kind of working life, even if retired ewife	)	ind of Business o	IR INDU			re. M	_	12, CITI	ZEN OF V	/HAT (	COUNTRY?
13.	FATHER'S NAME	Heard				14. MOTHER'S	MAIDEN N	AME	Jones				
	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. Si	OCIAL SECURITY NO		nformant 1mer Ei	chho	rn, 3	624 Ch		fiel	d	Ave.
	18. CAUSE OF DEA	TH [Enter only one co	usa per line	for (a), (b), and (c).	]				4		INTERV	AL BET	WEEN
7	Conditions, if of gove rise to it couse (o), storing lying couse lost.	mmediate (	)	(See Control Control	e-/IC	Carde	en and		Cloads	ξ	44		
CERTIFICATION										VEN IN PARI	, . l	ERFOR	NO A
4	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCI	RIBE HOW INJURY O	CCURRE	D. (Enter noture o	of injury in P	ort I or Part I	I of item IS.)				
MEDICAL	20c. TIME OF INJUR Hour o m. p. m.	Y Month, Day, Ye	ar 20d IN: While at work	Not white at work	20e. PL	ACE OF INJURY ( ctory, street, office	Home, form, a bldg , etc ;	20f. (City o	or town]	(C	ounty)		(State)
	21. I certify the alive on Statust SIGNATURE PHYSICIAN'S NAME (Type)	of I oftended the		d from Aug 2, and that	death	accurred at	6.40 4	_M, from	the causes of the cause of	on <mark>d on</mark> th		state	
22	BURIAL CREMATIO REMOVAL (Specify) BUITAL	1/8/62	OF .	22c. NAME OF CEMI Baltimo			v		ON (City, town,	or county)		(State)	)
23.	FUNERAL DIRECTOR	s signature E. Schimur	iek F	ADDRESS				BY REGISTR	AR 245 REGI	STRAR'S SIG		S.	



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed fixed, if institution Residence before admission) e. COUNTY or, Page files. Health, Page MARYLAND b. CITY OR TOWN (if outside corporate lim ts, e. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street oddress) ON A FARM? he State YES NO death. 3 NAME OF Middle DECEASED OF DEATH (Type or print) with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR ga 5 may b ang 2 with 72 hours eft lest birthdey) | Months DEVORCED [ WIDOWED F 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO., 17. INFORMANT Eltioth - cher you 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Offi DUE TO in tereselection Conditions, if any, which geve rise to immediate cause ys =5 **DUE TO** (a), slating the underlying Examiner cause lost. pesn on, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/61 19. WAS AUTOPSY PERFORMED? 2 NO K plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW (NJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ~ 322346 | 20d, iNJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year (County) factory, street, office bfdg., etc.) While Not While et work at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X. end in my opinion death resulted from: Natural causes X. Accident . Suicide | Undetermined manner Homicide | CHIEF MEDICAL EXAMINER lease execute to should be farmed by FUNERAL DIR. Dis Cour lun ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 22d. LOCATION (Cry lown, or country) 226. BURIAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) lest inster g 40 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME DATE JAN 1 6 '62 "allur S. Hames J. F. Tline & Sons Roisterstown, I'd.



	00238	CERTIFICA	ATE OF DEATH	4	Reg. Dist. No. 111935
1. PLI	ACE OF DEATH BALTI MERC	2 MARYLAND	2. USUAL RESIDENCE (WF	pere deceased fived. If institution b, COUNTY	Residence before admission)
Ь	CITY OR TOWN (If outside corporate timits, write RURAY and give nearest town)	c. LENGTH OF STAY IN 16	· HRDL	ulside corporate limits, write RL	JRAL and give nearest town)
15	NAME OF HOSPITAL (IF not in hospitot, give street of NSTITUTION	address)	d STREET ADDRESS	V dEN AV	e. IS RESIDENCE ON A FARM? YES NO P
DE	AME OF First CEASED TO THE GRANT TO	A Middle C.	110/	4. DATE Mont	Day Year
5. SEX	MARRAMENT LE WIDOWE	DIVORCED DI	B DATE OF BIRTH	74 (AGE IF years last (rundov) yrs	IF UNDER 14 EAR IF UNDER 24 HRS Manths Doys Hours Min.
10a U	USUAL OCCUPATION (Give kind of work done 10b. during most of folking ife, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHREACE (State	or foreign-country)	12. CHIZEN OF WHAT COUNTRY
HA HA	NTHER'S NAME NTHONY BNAMEN	1054	ANNA	OLOK	
15. W. (Yes, no	(AS DECEASEDEVER INC. S. ARMED PORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NORMAN MIVES.	5 /3>7/17xd	EN HVE
18	PART : DEATH WAS CAUSED BY:	ue for (o), (b), and (c) ]	out hemor	liage	INTERVAL BETWEEN ONSET AND DEATH
	Conditans, if any, which agave rise to immediate (b)	arcinema	of the !	slooddeg	10 mosts
<u> </u>	cause (a), stating the <u>under-</u> DUE TO lying cause last.		V		52 A 125 A 1
CATION	PART 1. OTHER SIGNIFICANT CONDITIONS C				PERFORMED?
E CE	PR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER;	CRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in )	Part Far Port II of Hem 18 )	
MED.CAL	Do TIME OF INJURY Manth, Day, Year 20d It Haur a m. 19 at war!	Nat while fa	ACE OF INJURY (Hame, farm ictory, street, affice bldg., etc		(County) (State
	1. I certify that I attended the decease	1 -	1960, ta		that I last saw the deceased d an the date stated above
A	CTUAL Herbert J. J.	enchas	M.D. 5305	ADDRESS (Street, city or lown, East Dr.	stote) DATE SIGNED
	HYSICIAN'S Herbert J.	Levickas	Baltin	ione-27, M	d.
	MANUAL (Spec fy) 3C AN 196~	NAME OF CEMETERY C	TEM ORY	19ALTO	r county) (State)
23 FU	INERAL DIRECTOR'S SIGNATURE	ADDRESS KE 2	240 REC'	# 51	STRAR'S SIGNATURE

TO HOSPITAL OR A. DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs off may be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the typoge 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registror prior to Burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH

Page

physician se remove c

ā

te has been signe the burial-transit

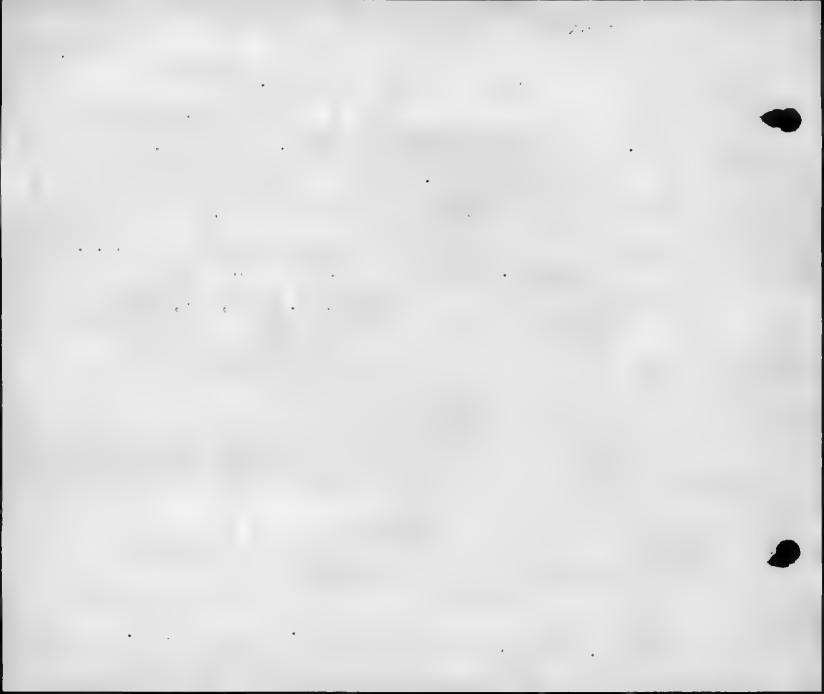
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death. Page 4 5 FUNERAL rector, page

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VR A15 (4)

15M 9/60



STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00241 CERTIFICATE OF DEATH Reg. Dist. No.() 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived. If institution: Residence before admission g. COUNTY b. COUNTY 고 MARYLAND llumore b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (Figureside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 2 10. Vrace YES NO D 16261 and .⊆ 4. DATE OF DEATH NAME OF Middle Year filled DECEASED (Type or print) anua 1961 IF JNDER 1 YEAR IF UNDER 24 HRS S SEX MARRIED NEVER MARRIED 9. AGE (In years campletely last birthday) Months Days DIVORCED [ papers. 10a. USUAL OCCUPATION (G ve lond of wark dane 10b. KIND OF BUSINESS OR INDUSTRY during most af warking life? even if retired) 12. CHEZEN OF WHAT COUNTRY? puo rban 쁑 ofter 14. MOTHER'S MAIDEN NAMI physician 8 ещале S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending edse 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I DEATH WAS CAUSED 8Y-IMMEDIATE CAUSE (a) the DUE TO à permit. Canditions, if any, which gned (b) gave rise to immediate DUE TO cause (a), stating the underbeen si pup lying cause last, burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? has YES INO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 120f (City or town) Month. Day, Year 20d. INJURY OCCURRED (State) (County) þ factory, street, affice bldg., etc.) Haur a. m. While Not while 19 at wark at wark p. m. Jan 31 \_\_\_\_\_, 19.6-2that I last saw the deceased 21. I certify that I attended the deceased fram burial , and that death accurred at 3\_A\_M, from the causes and on the date stated above. alive an ADDRESS (Street, city at tawn, state) DATE SIGNED 0 ACTUAL may be retained by FUNERAL DIREC þe prior SIGNATURE 3 shauld registrar NAME (Type PORIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, tawn, or county) (State) page ; 0 240. PECID BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S ,SIGNATURE 11 som I would VS A15 (4) DATE 1SM 9/58



your files. Sary, TO DEPUTX M. HAL EXAMINER: This certif cale should be executed within 24 hours after death. If any delay, please execute it. Limiticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral day 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removals and in any eyent within 72 hours after death. 2,

> VS A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	( By Lan Al Dilleria	
I	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution in the decessed is county b. County
H.	Baltimore County MARYLAND	Maryland combining
ı	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL and g've negrest town,
4	Catonsville 1 day	College Park, Maryland
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address)	d. STREET ADDRESS
l		23 Fifth Street - Cherry Hill ON A FARM?
ŀ	philip drove source mospitosi	Trailer Park
ı	DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) STEVE	FARKAS DEATH January 7 1962
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ı		Sept. 30, 1921   lest birthdey) Months Deys Hours Min.
l	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	
1	done during most of working life, even if rettred)	
	glazier	Virginia U.S.A.
1		14. MOTHER'S MAIDEN NAME
L	Paul Farkas	Suzie Benka
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I. (Yes, no, or unknown) (Ifyesgivewerordalesofservice)	NFORMANT Address
ı		cords: SPRING GROVE STATE HOSPITAL
ı	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	I INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ı	ALC:	iver (severe) with early
l	5 Z / DUE TO Laennec's cirrl	nosis
ı	Conditions, if eny, which (b)	
L	(e), sleling the underlying DUE TO	
ı	cause lest.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NO  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH	PERFORMED? YES THE NO TO
Ш	206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED, (E	nter neture of Injury In Pert I or Pert II of Item 18.)
П	FRIMARY or CONTRIBUTING CAUSE OF DEATH.	
ъ.		of of Willow III
I		CE OF INJURY (Home, farm, 20f. (Cily or lawn) (County) (Siele) pry, street, office bidg., etc.)
ł	p.m. 19 at work et work	
ı	21. I certify that I took charge of the remains described above, he	ld an Autopsy Inspection , Inquiry , and in my opinion
ı	death resulted from: Natural causes (X). Accident . Suici	de . Homicide . Undetermined manner
1		CHIEF MEDICAL EXAMINER ***
ı	ACTUAL A LANGOO STATE	ASS STANT MED CALLEYAM NED TO DETE GLOSIED
l	SIGNATURE IJ WOODLE	M.D
1	EXAMINER'S Russell S. Fisher, M. D.	January 10, 1902
l.	226. BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OR	Address (Street, city, town, or county)  CREMATORY 22d. LOCATION (City, town, or country) (Stete)
ľ	REMOVAL (Specify)	
		morial Park Richmond, Virginia
H		
-	23 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE  JAN 1 1 '62



T.C.

250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Mulus S. Hours

ADDRESS

Charles E. Schimunek 3331 Brehms Lane, Balto., MAN 16

carbon and гетоме ā has 0 death. Page death. Page director, page 3 be filed with the VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



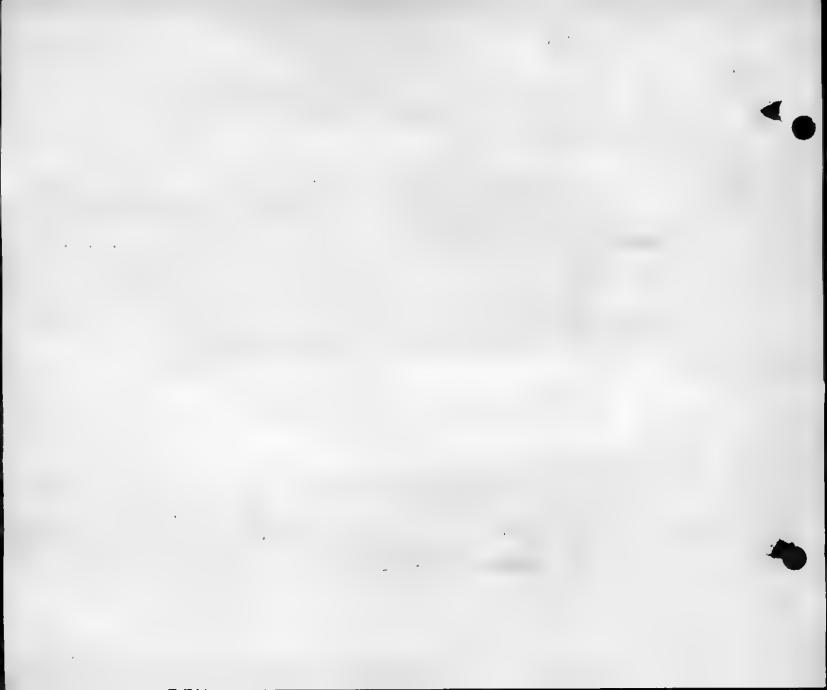
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death. Page

TO FUNE director, F

VIII A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

00245	CERTIFICAT	E OF DEATH	i, DALIIMORE I, MI	A4249
1, PLACE OF DEATH	- Item 9 Film	Z. USUAL RESIDENCE Where de	ceased hved, If institutions Resir	dence before admission)
a. COUNTY Baltimore	1	a. STATE to	b. COUNTY	
	d. LENGTH OF STAY IN 16	Maryland		timore
b. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	C. LENGIN OF STAT IN ID	c. CITY OR TOWN (If outside corpo	Jigis limits, Write ROKAL and gi	A6 11691.42, 10.4(1)
Parkville	_ Life	Parkville	* -	
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
7817 Bagley Avenue		7817 Bagley Av	enue	YES NO A
3. NAME OF First	Middla	Last 4. DATE		Day Yeer
(Type or print) Lena	Elizabeth	Fischer DEATH	1 1	1962
5. SEX 6. COLOR OR RACE 7, MAI	RIED NEVER MARRIED 8.	DATE OF BIRTH 9.		
Female White woo	WED DIVORCED	1-5-1867	B 9 yrs. Months Dey	
to USUAL OCCUPATION (Give kind of work 10k done during most of working life, even if refired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Housewife	Housewife	Baltimore Md_	I TT 0	S A
13. FATHER'S NAME	1000011212	14. MOTHER'S MAIDEN NAME		5. R _
Unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. II	NFORMANT	Address	
(Yes, no, or unkown) [If yes give wer or dates of service]	N		- D - A	
18. CAUSE OF DEATH (Enter only one cause p		bert Fischer -781	7 Bagley Ave	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	MA -	- 0 7 0 - 3	V	ONSET AND DEATH
IMMEDIATE CAUSE [#]	Very caro	un any are		O NON
LIP J DUE TO	O T		1	20.4.1
Conditions, if any, which (b)	dellemos	denous C		-0 /2
geve rise to immediate cause (e), stating the underlying DUE TO	( )	was the mi	FL.	
cause last.	- Com	CANA		
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN N PART 1(	19 WAS AUTOPSY
Se	I am a	nema, des	rent.	PERFORMED NO TO
200, ACCIDENT WAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or Part II	of item 18.)	*
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 20c. TIME OF INJURY Month, Day, Year   20	od, INJURY OCCURRED   200. PLA	CE OF INJURY (Home, farm, 20f, [City	or lown) (County	(Stete)
Hour a.m.	hileNot White   tecto	ory, street, office bldg., etc.)		
P. 17	work el work	Nov 1961, 10.	Jan 1 196	Pershap (I) (see ) Incl
21. I certify that (I) (this hospital) at		death occured at J. P. M. from	77	47.4
saw the deceased alive on		deam occured at J. A. M., from	ine causes and on the	22b. DATE
220. SIGNATURE	F. Li Cun	ATTENDING MED.	STAFF PHYS.	i- 3-C-2
22c PHYSICIAN'S	L 1 0.	22d, ADDRESS		An w AA
NAME (TYPO) JOSEPH	t. hi Vir	1 Stropas	- Ylanen BS	L.d. ballo
238. BURIAL, CREMATION, 235 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCA	ATION (City, town or county)	(State) K1
REMOVAL (Specify) Buri J 1-1-1962	Panlaur - 1 11	Bol.	timore Mary	ral and
24 FUNERAL DIRECTOR'S SIGNATURE	Parkwood Ceme		RAR 256. REGISTRAR'S SIG	vland
P 1 7	i d	L JAR 2	62 Lung 1.	Though
1000 Johnstendorook	my 401 Belan	Trous DATE		were the state of



MARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F 60		GO247 CERTIFICATE OF DEATH 011244
s after funeral should	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)  e. COUNTY
2 0 th	Y	Baltimore Maryland Marvland b. COUNTY
of the party IA		b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown)
in 2	F	Cort Howard  576 Days  Baltimore  d NAME OF HOSPITAL OR INSTITUTION, if not in hospitel, give street eddress)  8. IS RESIDENCE ON A FARM?
ined with fille pers. Page 22 hours		Teterans Administration Hospital  NAME OF Degree   VES   NO W
omp omp hin 7		(Type or print)  Julia H. FISHER  DEATH  January 18 19 62
nd o arbo		SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. lest birthdey) Months; Days Hours Min.
ian a	10	emale White WIDOWED DIVORCED June 17, 1869 92 yrs.  a. JSUAL OCCUPATION (Give kind of work and of working life, even if relired)  10b. KIND OF BUSINESS OR NDUSTRY II. BIRTHFLACE (County & State, or foreign country)  12 CITIZEN OF WHAT COUNTRY?
h certifi g physic se remo in any e		Nurse Nursing Watertown, Massachusetts U.S.A.  FATHER'S NAME  Watertown Massachusetts  U.S.A.
ending in pleas	) is	John Fisher  Was deceased ever in U.S. Armed Forces? 116. SOCIAL SECURITY NO. 17. INFORMANT  Address
at the att	10	yesSpanish-Amer.   Clin Rec VAH Baltimore Md - Ft Howard Division
se th Jian. by th rmit.		18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH
hysich hysich ned   it pe in, ol		IMMEDIATE CAUSE (a) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE TO ICEES
w re pug po		Conditions, if any, which (b)
andila been been rial-t		gave risa to Immediate cause
attrans attrans bunda a bunda bunda a		(a), stelling the underlying course lest.
AN: I or the the bur	N	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
iffical as of r	CATI	BRONCHOPNEUMONIA YES NO X
PHYS the hos his cert for us lih prio	CERTIFIC	206. ACC.DENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING ned by After effecher of Hea	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or lown) (County) (State)  Hour 8 m.   While   Not While   Isctory, street, office bldg , etc.)
Pept.		21. I certify that A (this hospital) attended the deceased from June .21
A S S S S S S S S S S S S S S S S S S S		saw the deceased alive on Jan18
Sta ods		228. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED
Tight.		22c. PHYSICIAN'S TOUTHOUT TO DEPTHANT M.D. PHYS DIRECTOR PHYS. 22. ADDRESS
A SE SE		NAME (Type) INVING FREPRIAM, M.D.
HOSPI ath. Pa FUNEI ector, p	23	Chief, Medical Service VAH Baltimore 18 Md - Ft Howard Division BURIAL, CREMATION, 235 / DATE / HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Siele)
C Science /		Burial   122/1967 Baltimore National Cemetery Baltimore, Maryland
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE / / / ADDRESS / 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	1	Thomas J. KENNY INC. 1600 Holling J. DALTO. 23-110 DATEIAN 24 162

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
0220	CERTIFICATE	OF DEATH	Ban Dist

	00249 CER	TIFICATE OF DEATH	Reg. Dist. No. 11245
	1. PLACE OF DEATH COUNTY BALTIMORE MA	USUAL RESIDENCE (Where december)  STATE  MARY LAN	b. COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CHTON SVILLE	BALTINOR	
	or Institution  Home In The Pines	d. STREET ADDRESS 1415. MON	ASTERY AVE. SESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) MichAEL P.	FLAHERTY DEAT	V/711. 21 1702
	MALE Wh, TE WIDOWED NEVER MAI	RRIED   8 DATE OF BIRTH	9. AGE (In years last birthday)   Hours   Hours   Man
1	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CAR PENTER	S OR INDUSTRY 11. BIRTHPLACE (Stole or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S HAME  UN KNOWN	14. MOTHER'S MAIDEN NAME WAKENOWA	/
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	MR. MORTON L. FL	Address 141 S. MENASTER AND AVE
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  DUE TO  Could to the underlying couse lost.	ROSTLEMOSIS	A CRIDENT INTERVAL BETWEEN ONSET AND DEATH
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH URST CAUSE OF DEATH USE OF THE CONTRIBUTION OF THE		PERFORMED? YES NO N
		OCCURRED (Enter nature of injury in Part I or Pa	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ty or town) (County) (State)
	actual SIGNATURE ASSA THE DESIGNATURE	at death occurred at 444 A.M. fro	29, 1962, that I last saw the deceased on the causes and an the date stated above.  Street city of town state)  DATE SIGNED  1/29/672
	PHYSICIAN'S BALTIMORE 29, MD - MASSES A		
	BURIAL (Specify) Feb. 1, 1962 New C	EAThedRAL CEM BA	ATION (City, town, or county) (State)
1	C. TRUMAN Schwab 35/2 FRED	1. Aug. DATE JAN 3 0	



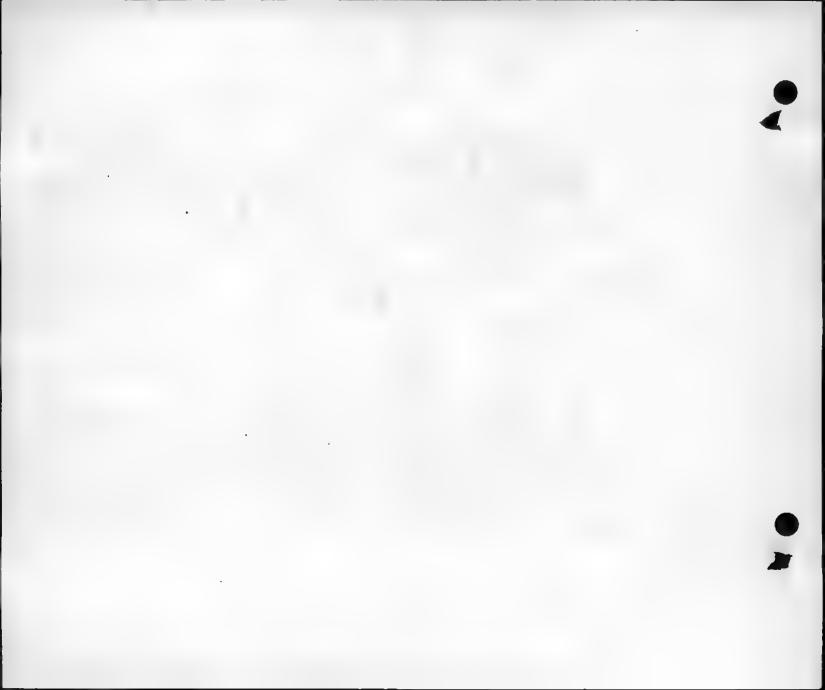
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00040 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institutions Residence before admission) MARYLAND C TY OR TOWN (If outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) c. LENGTH OF STAY IN 1b RURAL and give nearest town) d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? RSUC H YES NO M. ddle 4. DATE Year DECEASED DEATH (Type or print) 196 9. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED | | B DATE OF BIRTH lost birthday. Months Davs WIDOWED [ 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ALTERIL TIONS STOKE 13. FATHER'S NAME physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN ottending phy CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 79 WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20d INJURY-OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m While Not while at wark of wark p m. 21 | certify that (1) (this hospital) attended the deceased from . , that (I) (we) last and that death occurred at 10 M, from the causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF DIRECTOR -M D PHYS PHY5 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) M.C.Port Hompsoc Lill. FUNERA BURIAL, CREMAT ON. 23h BATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Jown, or county) (Stote) LINERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REG STRAR 256 REGISTRAR'S S GNATURE Current d. I vinde

1SM 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00250 **CERTIFICATE OF DEATH** Reg. Dist. No. 11194 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RORAL and give regrest town) / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If/outside corporate limits, write RURAL and give nearest town) AR Ui VIL d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO E NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) DEATH 19 S SEX 6. COLOR/OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthouy) Months Dovs WIDOWED TO DIVORCED | сотріві popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if relired) MARYLAND MOME puo carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT **D** NO 18. CAUSE Of DEATH [Enter only one couse per line for (o), (b), ord)(c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, (b) gove rise to immediale DUE TO cause (o), stoting the under lying couse lost. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPMIAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDO 20b. DESCRIBE NOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY THOME, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc. While Not while 19 ot work 1 at work That I last saw the deceased 21. I certify that Vattended the deceased from alive an that death accurred at S A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE FUNERAL DIR P should PHYSICIAN'S NAME (Type) 220 BURNAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City\_town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVA, (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4)

TSM 9/SB



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY Page e. STATE b. COUNTY Baltimore MARYLAND b. C.TY OR TOWN (if outside corporate limits. c. C TY OR TOWN (If outside corporate I m Is, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Rasex Essex d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) . d. STREET ADDRESS 0 Boar 304 Towsend Road 304 Towsend Road may be retained 2 with the State I 3. NAME OF Middle 4. DATE DECEASED 2, and 3 to the (Type or pont) DEATH KATHERINE (SCHADY) Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yours (IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 wit 72 hours Jast birthday) Months Days Hours WIDOWED X DIVORCED March 19, 1887 Female White uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an 10a. USUAL OCCUPATION (G va kind of work 1 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page ! done during most of working life, even if retired) Germany Home Housewife within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no, or unkown) (if yes give war or dates of service) r's Office along with to s a burial-transit permit, removal, and in any e Margaret Ernest 328 Nicholson Rd. None This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for tal. (b), and (c),] DISEASE IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause "pending" Examiner's DUE TO 80 (a), slating the underlying pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY 2 cate, writing the word Medical plaods 20b. DESCR. BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of I am 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20d INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f, (City or town) the Chie 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Hour e.m. at work at work please execute Ne certificate, A should be forwarded to the DECTOR: P. S. its designated agent, prior is 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection | 1 Natural causes [1] death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OF CREMATORY 228, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (Cliv. town, or country) REMOVAL (Specify) Gardens of Faith Cemetery Baltimore. o ठ Purial ₽40 28. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE

Raltimore

USA

e. IS RESIDENCE ON A FARM?

YES NO PE

1962

Balto. 21, Md.

PERFORMED

and in my opinion

DATE SIGNED

(State)

Cirthur & House

JAN 1 1 '62

DATE

INTERVAL BETWEEN ONSET AND DEATH

VS. AISME 5M 7/59



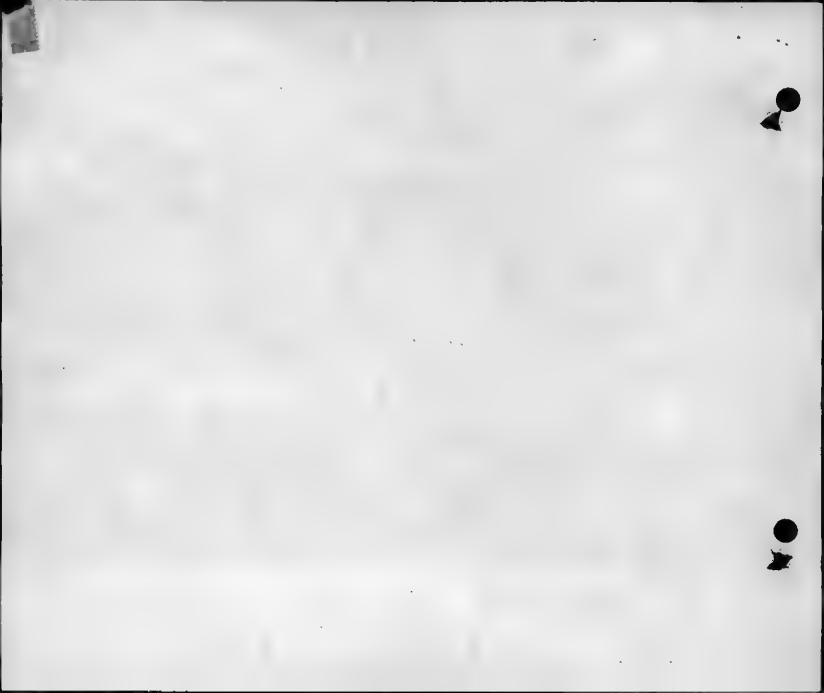
# 00252 by the funeral O HOSPITAL OR SINDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 by Lained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filledirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with n 72 hours after TO HOSPITAL death. Page 4 Y TO FUNERAL director, page 3 E be filed with the

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 011249

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Baltimore MARYLAND	Md. Baltimore
b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY N 1	ar di series
write RURAL and give neerest town) Baltimore	v) Paledmana
	Baltimore  d. STREET ADDRESS  o. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress,	ON A FARM?
1256 Elm Road	1256 Elm Road
3. NAME OF First Middle DECEASED	4. DATE Month Dey Yeer
(Type or print) Ida May	DEATH - 10-
5. SEX 6 COLOR OR RACE 7. MARRIEXXXNEVER MARR ED	B DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS
	last britidey) ( Months Devs Hours Min
female white WIDOWED DIVORCED	Sept.6,1878 83 yrs
10e. USUAL OCCUPATION (Give kind of work tob. KIND OF BUS NESS OR INDU done during most of working life, even if retired)	STRY 11 B.RTHPLACE (County & Stat. or foreign country 12. CHIZEN OF WHAT COUNTRY?
houswwife	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rebbeca Scheckels
Zachari Wingate	_1
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown)   (Ifyes give war or deteas of service)	. INFORMANT Address
no none G	eorge Gabe 1256 Elm Road Baltimore 27, Md.
18. CAUSE OF DEATH [Enter only one cause per   ne for (e), (b) and (c,.]	eorge Gabe 1230 Elm Road Baltimore 2/ Md.   INTERVAL BETWEEN   ONSET AND DEATH
PART I DEATH WAS CAUSED BY:	2 ALGELIE
IMMEDIATE CAUSE (6)	
DUE TO BRUSH PLANT	arteriosclerocio undet.
	anework where,
gove rise to mmediate cause (a), stating the underlying DUE TO	
couse lest.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLA  206. ACCIDENT WAS UNDERLYING TO 206. DESCR.BE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH OF IF ITHER, NOTIFY MEDICAL EXAMINER;	PERFORMED? YES NO NO
S	
E 200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e.	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stefe)
Hour e.m. While Nor While	fectory, street, office bldg., etc.)
	m. april 4- 1950, to MAN 10, 1962-that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased fro	m. aprict 4 1920, to 1944
saw the deceased alive on	nat death occured at
220. SIGNATURE	22b. DAIE
11 R Day Sustait	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS
22c, HySIC,AN'5	22d ADDRESS
	20/1 - 1 - 1 - 1 - 1
NAME (Type) A. B. Daugharthy, M. D.	1264 Francis Avenue, Halethorpe 27, Md.
NAME (Type) A. B. Daugharthy, M. D.	1264 Francis Avenue, Halethorpe 27, Md.
NAME (Type) A. B. Daugharthy, M. D.	·
NAME (Type) A. B. Daugharthy, M. D.	LY OR CREMATORY 238. LOCATION (City, town or county) (State)
NAME (Type) A. B. Daugharthy, M. D.  23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  A. DATE THEREOF 23c. NAME OF CEMETER	TY OR CREMATORY 23d. LOCATION (City, town or county) (State)



CERTIFICATE OF DEATH 00253 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b COUNTY MARYIANO b. CITY OR TOWN (if outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) & TENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARA YES NOW NAME OF Middle Lost 4 DATE Year DECEASED (Type or print) DOEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R DATE OF BURTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS Months Davs WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? carban ofter o 13 FATHER'S NAME Z move 15. WAS DECEASED EVER IN U. S. ARMED FOXCES?
(Yes, no. or unknown) 1 fit yes, give wer or defeat of service! 16. SOCIAL SECURITY NO INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ULMON ARY DEMA 2 11/1 DUE TO AMERIOSCHEROTIC C.V. DISEASE Conditions, if ony, which gave rise to immediate DUE TO casse (a), stoling the underlying couse last. PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Day, Year (County) (State) Hour o.m. factory, street, office bldg . etc.) While Not while at wark | of work 21. I certify that I attended the deceased from JANN MPV 5 . 1962, to JANUMRY 22 1962 that I last saw the deceased \_\_\_\_, and that death occurred at  $\frac{5/15}{100}$  AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S O FUNERAL NAME [Type] O HOSPIT m BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Etty, town, to county) (State) pode REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Mr. " & Thomas 1IIM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add asson) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. CTY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) C. LENGTH OF STAY IN 16 NSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO \ 3. NAME OF DECEASED (Type or print) DEATH 19 6 9. AGE Wyeers | IF UNDER TYEAR 5. SEX IF UNDER 24 HRS last birthdey] | Months Days WIDOWED USUAL OCCUPATION IG ve kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working ble even if retired) Cinches traduits 13. FATHER S NAME please бu 16. SOCIAL SECURITY NO. 17. INFORMATI WAS DECEASED EVER IN U.S. ARMED FORCES? [les, no, or unkown] | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER, NOTIFY MEDICAL EXAMINER. 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 2De. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. 'City or town (County) (Stote) Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. et work et work 19 6/ to 21. | certify that (1) (this hospital) attended the deceased from. ...19 64, and that death occurred at 3.0. M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE **ATTENDING** / SIGNED DIRECTOR PHYS. death. Page 4 in Formal director, page 3 be filed with the 22d ADDRESS 22c. PHYSICIAN'S BURIAL, CREMATION, 236, DATE THEREO REMOVAL (Specify) 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/6D





Charles F. O'Donnell

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

1-29-62 VILLA MARIA CEMINOTCH CH

7501 York Road

DAMAN 3 0 '62

. IS RESIDENCE ON A FARM?

YES NO T

19 62

IF JNDER 24 HRS.

Glenarm, Md.

INTERVAL BETWEEN ONSET AND DEATH

10 yrs.

PERFORMED? NO 1

SIGNED

Towson 4. Maryland

123d. LOCATION (City, fown or county)

25e. REC'D BY REGISTRAR | 25b. REG STRAR'S SIGNATURE

nding physicia please removand in any ev Then I death. Page 4 director, p VR A15 (4) 15M 9/60

22c. PHYSICIAN'S

REMOVAL (Specify)

BURLAL

24 FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

230. BURIAL, CREMAT ON, 236. DATE THEREOF



ON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decased lived, Il institutions Residence befole decassion) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c, CITY OR TOWN (If outs'da corporete limits, write RURAL and give neerast town, b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress) ON A FARM? BERKSHIRE RD YES NO D 3. NAME OF Middle DECEASED DEATH (Type or print) JNDER 1 YEAR IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years ) last birthday) Months | Days WIDOWED DIVORCED 10. JSUAL OCCUPAT ON (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 186, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE done during most of working life, even if retired) Bez Jenden 13. FATHER'S NAME (Yes, no, or unkown) , [Hyesgive werordetes of service] 18. CAUSE OF DEATH [Enter only one cause per line for (a, (b), and (c, INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Mula stass IMMEDIATE CAUSE (a) DUE TO Conditions, 'f any, which geva rise to immediate ceuse DUE TO (a), stating the underlying PART , OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO F 2De. ACC DENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'njury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or fown) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While \_ Not While Hour B.m. et work at work 1961, to .... Jan. 1. Am., 19.6. 2 that (1) (we) last 62 and that death occurred at 4.P.M., from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22a. SIGNATUR ATTENDING PHYS. DIRECTOR PHY5. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY

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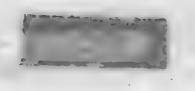


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution: Residence before egm ssion) PLACE OF DEATH a. COUNTY . ST Maryland Baltimore MERVLEND b. CITY OR TOWN (I ouls de corporete limils, E LENGTH OF STAY IN 15 c. CITY OR TOWN ( Fouts de c write RURAL and give neerest town) 28 Baltimore 31 d. STREET ADDRESS LIBER IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress. ON A FARM? Caton Ridge Nursing Home, 329 Harlem Lane 107 South Chapel Street 3. NAME OF DECEASED VITOI. (Type or print) Gineko DEATH 28 January 19 62 9. AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthday) | Months | male December 8,1882 W DOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY, 11. B RTHPLACE County & State, or Jorgian country) ! 12. CITIZEN OF WHAT COUNTRY? done during most of working I fa, even if retired)
Presser Tailoring Poland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknewn Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unkown) (Ifyesg vewerordelesofservice) 213-10-0346 Caton Ridge Nursing Home, 329 Harlem Lane 18. CAUSE OF DEATH (finiar only one cause per ling for (e) (b), end (c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: premier do a resuit f(a) IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, geve rise to immediate cause **BUE TO** (a), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b, DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part I of I am 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm. 20f. (City or lown) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work 2.8 ...., 1962, that (1) (we) last 2 2 .... 1962 and that death occurred at 3.A.M., from the causes and on the date stated above. saw the deceased alive on .... 22b. DATE ATTENDING PHYS. DIRECTOR PHY5. 22c PHYSICIAN'S Edmondson AVenue . Zone 29 NAME (Type) 230. BURIAL, CREMATION, 235. DATE THEREOF | 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 2-2-62 St.Peters Cemetery Baltimore 250, REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Contlut of Through

Wm.Cook, Inc., 1217 St.Paul Street, Zone 2

Pages 1 aff please remove Then please 0 VIII A15 (4) 15M 9/60



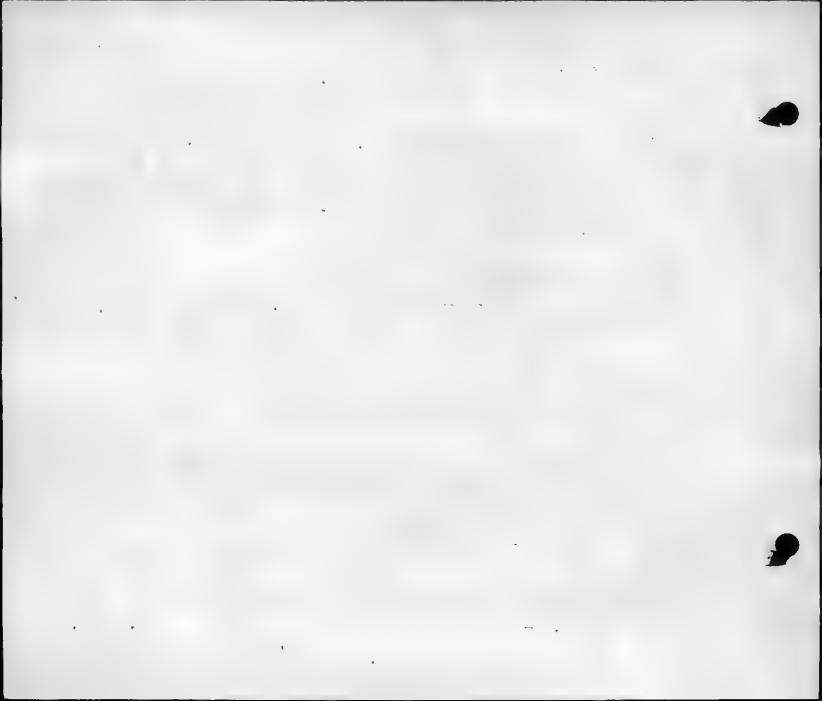




MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY Baltimore **b** COUNTY MARYLAND Md. b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Catonsville Baltimore d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Claremont St. Summit Nursing Home 98 YES NO 7 NAME OF 4. DATE Month Doy Year DECEASED 19 62 (Type or print) DEATH Grazianlena January 9. AGE (In years lost birthday)
82 yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH Male WIDOWED IN DIVORCED [ Novem.15 10a USUAL OCCUPATION IG ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Labor retired Bethlehem Steel Co(Italy Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Giuseppe Graziaplena Lucia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address rederick C.Graziaplena 103 no CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Ë GRY Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO IT 20a, ACCIDENT WAS UNDERLYING IT 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. Not while at work at work I certify that I/attended the deceased fram. 19\_\_\_\_that I last saw the deceased and that death accurred at alive an M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type O FUNERA 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or coultry) (State) REMOVAL (Specify) Sacred Heart of Jesus German Hill Balt. บสาลไ 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR

MIT & Timera

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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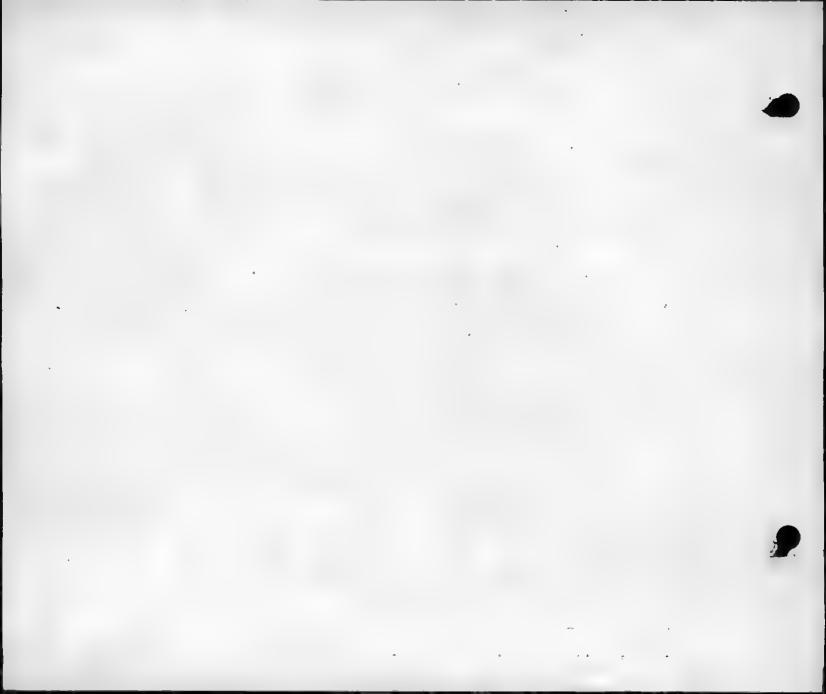
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307,00	
Pactinica ( ) Lap., MARYLAN	2. USUAL RESIDENCE (Where deceased I ved If institution: Residence before admission) o. STATE b. COUNTY
b CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Touson 4	Baltimore 3: 1
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e IS RESIDENCE ON A FARM?
aged El'amen & leged Mouston	m 327 Tender (the YES NO)
3. NAME OF DECEASED (Type or print)	Skeen DEATH Valuation 21 1960
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	
Temele white WIDOWED DIVORCED	Jet. 7, 1867 94 10
10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN guring most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
plane wefer	Loudon Co. Va. M. S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
armelsak M. Telus	Comelia H. Vert
(Yes, no or unknown) (If yes, give war or dates of service;	INFORMANT
na	Savey of Hamilton, 6,5 " Aselout I
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Rinal allus clube flow 3 gene
DUE TO	
Conditions, if ony, which gave rise to immediate (b)	io Vastular Illouse le gears
cause (a), stating the under.	
lying cause last. ) (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?  YES : NO :
200. ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part   or Port II of item 18 )
20c TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While Not while at work at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, affice bidg., efc.)
21 I certify that (I) (this haspital) attended the deceased fram	m 1952 to Junuary 2/, 1962 that (1) (we) los
4 - 4	t death accurred at U. Y.M., from the causes and an the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF SIGNE
Melwank Elliand Day	MD PHYS. DIRECTOR PHYS. D Ganuar 2, 196
NAME (Type) Newland Edward Day	1 4-E-33rd St Baltimere 18 md
230 BUR AL CREMATION. 236 DATE THEREOF 230 NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town, or county) (State)
BURIAL 1-24-62 Loudon Par	k Cemetery Baltimore, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Mm.Cook, Inc., 1217 St. Paul Street,	Zone Z DATE JAN 23 '62 -7 & There

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouthe State 8oard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs ofter decition. ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR AT

l director.

VR A1S (4) 15M 9/S9



Balto. City Baltimore 24. Kenwood ..ve. ON A FARM? YES NO M Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12 CIT ZEN OF WHAT COUNTRY?

ONSET AND DEATH

INTERVAL BETWEEN

PERFORMED? YES NO

Poland

20e PLACE OF INJURY (Home, form, 20f (City or town) (County)

62 and that death accurred at 0 M. from the causes and an the date stated above.

Ь

henwood

AGE fin years

Month

Address

(Stote)

CREMATION. 23c NAME OF CEMETERY OR CREMATORY (Stote)

0 1SM 9/59

FUNERAL DI page the Sto VR A15 (4)



1	MARYLAND STATE DEPARTMENT OF HEALTH
500 05155	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	UUZ62 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIN DEPI. さる。当 → Y	1. PLACE OF DEATH  a COUNTY ATT MORE  MERYLAND  2. USUAL RESIDENCE (Where decased lived, f 'nstitution, Ras dance Select edimess on)  b. COUNTY BAZ TO.
Ssery, Page our files.	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town)
lay is for y Board	d NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
any de lone fune etained e State death,	3. NAME OF First Modele Last 4. DATE Month Day Year DECEASED OF TOTAL
asth. If 3 to the y ber vith the	(Type or print)  ANY  ANN  BLEY  DERTH  JAN  196 2  5. SEX  6. COLOR OR RACE 17. MARRIED NEVER MARRIED \$\frac{1}{2}\$ 8. DATE OF BIRTH  9. AGE (In years 1-F UNDER 1 YEAR & F UNDER 24 HRS. last by thiday)  Mariles Devs Hours Min
after da 2, and 5 ma nd 2 v	10a USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
A Page 1 a P	dona during most of working life, evan if relirad)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
PW. PW.	JAMES GUY ITELEN TACKSON
within 18. Gi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO 17 INFORMANT (Yas, no, or unkown) (If yasgive war or datas of sarvica)
cuted I flem I per In an	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
exectly in stone s	MART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PNEUMOWITIS  ONSE AND DEATH  3 DAY
d ben	Conditions, if any, witch INFLUEN 24
inoul inoul inoul inoul	gave risa lo Immadiata causa
ates inerinal	(a), stating the underlying DUE TO cause last. (c)
"per xami use ion,	PART II. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1 & 19. WAS AUTOPSY
is cell control contro	YES NO
ER: The way th	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)  PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.
writing writing a Chief Page 3	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, Hour e.m. While Not While fectory, streat, office bldg., etc.)  While Not While et work et work et work
EX cate, to th OR: prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
E SU ti	death resulted from: Natural causes 1. Accident . Suicide . Homicide . Undetermined manner
Mi forward forward sied age	CHIEF MEDICAL EXAMINER
	SIGNATURE WILLOWS ASSIGNATURE DATE SIGNED
PUTY Nexecute old be for NERAL designation	EXAMINER'S WILLIAM A DILLS BURRY Address (Street, city, town or country)
DEPUT  should I  FUNEI  its desi	22a. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, Temporal (Stata)
0 40 9	Burial 1-18-6) 1.11. Grow Christing Long Strike
VS. AISME	23. FUNERAL DIRECTOR  24d. REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE  24d. REC'D BY REGISTRAR 24b. REG STRAR'S SIGNATURE  1 JAN 1 9 82 Orthur & Kraue
5M 7/59	14 m 4. Jeografia (inter-



	10	1 44
FÖR HEALT	ST/	ATE EPT.
Please files of Health,	(	M
ith. If any delay is necessarily 3 to the funeral design 5 may be retained for 2 with the State Board	hours after death.	×
I within 24 haurs after dea m 18. Give Pages 1, 2, a ng with form PM3. Page permit. File pages 1 and	nd in any event within 72	*
TO DEPUTY MEDICAL CX AMINER: This certificate should be executed within 24 haurs after death. If ony delay is necessing please execute the certified provided the word "pending" in pendid in Rem 18. Give Pages 1, 2, and 3 to the funeral difference of should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.	ed agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	,
execute the cert  4 should be for  TO FUNERAL DIRECTOR:	ar its designated agent	2

VS A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01	0263 ME	DICAL	EXAMINER	'S CERT	IFICAT	E OF DE	ATH Reg	. Dist. No.	1111560
1. PLACE OF DEATH			THE CONTRACTOR OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL SCHOOL SCHOOL STATE OF SCHOOL SCH	2 USUAL	RESIDENCE (WI	ere deceased I ve	d If institution R	esidence befo	re admission)
e. COUNTY BE	altimore		MARYLAN	o. STATE	Maryla	nd	b. COUNTY BE	altimo	re
b. CITY OR TOWN (III and give nearest town)	outside corporate him to writ	e RURAL	c. LENGTH OF STAY IN I	ь с. СПY - Х	OR TOWN (IF a		imits, write RURAL	and give ne	orest town)
d NAME OF HOSPITA	AL OR INSTITUTION (	If not in haspi	tal, give street address)	I d STREE	T AOORESS		·		e SELILIN F
3545 McSha	ane Way			'	3545 Mc	Shane W	av		YES NO D
3 NAME OF DECEASED (Type or print)	Ernest	sf	Middle	Handsli		DATE OF DEATH	Month Jam. 7.	Doy	Yeer 19 65
5. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BI	RTH	9. AG	E (In years IF UN	-	IF UNDER 24 HES
Male	White	WIDOWED	DIVORCED [	Octobe	r 30, 1	891	70 yrs Month	hi Days	Hours Min.
100. USUAL OCCUPATIO during most of working Machinist- 13. FATHER S NAME	g life, even if retired)	dana 10b Kir Ste	ND OF BUSINESS OR INDI	En	gland gland		12	U.S.	WHAT COUNTRY
William Har	adalin			1					
15. WAS DECEASED EVE	- L	RCES2 14 SC	OCIAL SECURITY NO. 17	. INFORMANT	ane Pur	VIS _	Address		
	(If yes, give war or dates of	service]			TI	3-33	3545 McSl	777	
PART I DEAT	liote couse	H-	r (o), (b), and (c).} 5-C-V-	DISE	, A5-C			ONSCT	A. BETWEEN AND DEAT :
couse lost.	) (c								
PART II, OTH	ER S GNIFICANT CON	DITIONS COP	TR BUT NG TO DEATH BU	T NOT RELATED	TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN	PART 1(0) 19	PERFORMED?
3								Y	ES   NO
PART II, OTH  200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	ISE WAS	DE DESCRIBE N	O IV	(Enter nature of	injury in Port I	or Part II of item	18)		1
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	or 20d IN White of work	Not while	PLACE OF INJURY octory, street, off	Y (Home, form, fice bldg., efc.)	20f (City or taw	n)	(County)	(Stote)
21. I certify th	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my								
opinion death	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner								
ACTUAL SIGNATURE	M3 A B. Davis,	T an	~	ASSIS	F MEDICAL EXA	MINER		1	bate signed
270. BURIAL CREMATO			2c. NAME OF CEMETERY				ity, town, or coun	tvl	(Store)
Burial (Spec fy)	1/10/62	1	Oak Lawn Cem					.71	(210,4)
23 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	CUCLY		BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	
Ullrich Fun	eral Home	Dundall	c.Md.		DATE JAN	1 1 0 '62		& rinn	



eral director, be fitted with

h Page 4

TO HOSPITAL OR ATT ING PHISICIANS increases may be retained to spitol an attending physician and campletely filled in by the spitol by the attending physician and campletely filled in by the spitol by the registror prior to burial, cremation, or managel, and in any meent with n 72 hours after deother.

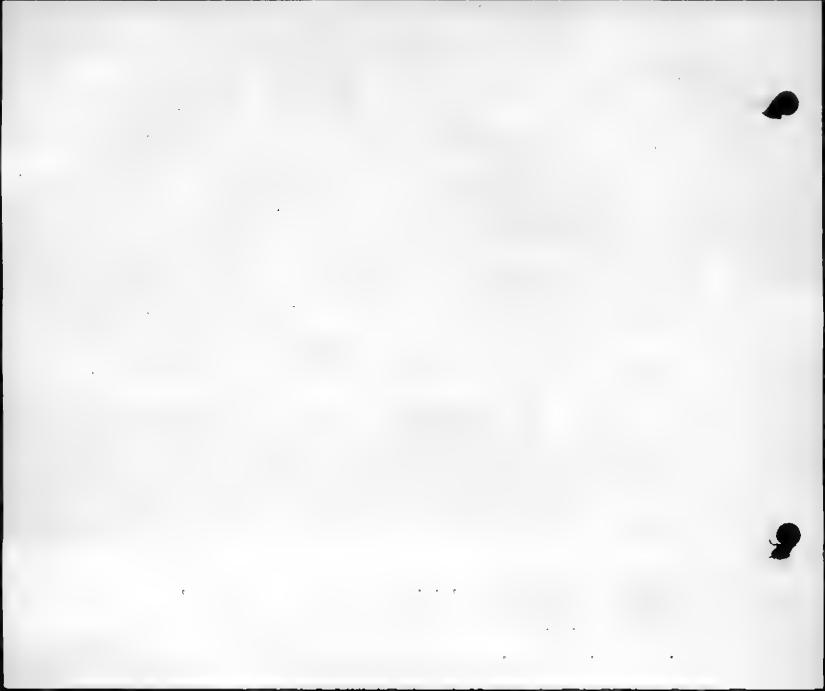
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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MARYLAN 00264

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 11261

	PLACE OF DEATH  COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE b. COLINTY
1	BALTIMORE 4 MARYLAND	MARY LAND b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWSON 4	c. CITY OR TOWN (If outside corporate limits write RJRAL and give nearest town)  ALTIMORE 4
	d. NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION  GED WOIMEN'S - MEN'S HOME	d. STREET ADDRESS  SOI POSSITER. AVE ON A FARM?  YES NO
3	NAME OF First Middle DECEASED ANNA GORA	HANSON DEATH JAN 13 1962
-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
F	EMALE WHITE WIDOWED DIVORCED	JUNE 11- 1870 9/ yrs Months Days Haurs Min.
1	USJAL OCCUPATION (Give kind of work done)  during mast of warking life, even if retired)  FATHER'S NAME	LSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
-	JOHN D. HANSON	
ļ		MARY MISCILLA CLEMENIS
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  [If yes, give wor or dates of service]  none	MATHIERN YOUNG P.N.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	illumbisis 2 weeks
	Carditions if ony, which gove rise to immediate couse (a), stating the under lying couse last.	ti Che s l'es ula de une syenes
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO DEATH BI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES IND
L CERTIFI	20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.   While Not while at work at work	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram	1955, ta . in 13 , 19 12 that I last saw the deceased
	ACTUAL 111 Cand Ele as Fray	th occurred at 12:114M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE for far we will be a control of the week and the	M.D 4 2 33 1 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1
	PHYSICIAN'S Newland Edward Dey, M.D.	4 East 33rd Street, Zone 18
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
		rk Cemetery Baltimore
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Mm.Cook-Inc., 1217 St. Paul Street, Z	one 2 DATE AN 16'62 / Julium S. Thomas



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VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00262

I. PLAC	E OF DEATH				2. USUAL	RESIDENCE	(Where deces	esed lived, If institu	tion: Residence	belore edmission)
1 co		imore		MARYLAND	a. STATE	Md.		b. COUNTY	T 97	to
1 h cm		Dufside corporete ( mits	-	LENGTH OF STAY IN 16	II + CITY C	~	ula da esemple	le limils, write RUR		700
_ wr	ite RURAL and g	ive neeres! town)			e cili	o ii) Pittor NC	mis de corbora	ie iimas, write KOK	ML and give ne	se,ezi iowul
Rei	stersto	ım		35 Years	130	sters	town			
	_	L OR INSTITUTION (IF	not in hospitel,	give street eddress)	d. STREET	ADDRESS			}	o. IS RESIDENCE ON A FARM?
laman and the same of the same	lson Av					Lson Av				YES NO
3. NAM DECE	ASED	First		Middle	Last	4	OF	Month	Day	Year
[Type	or print)	John		Tollie	Harden		DEATH	Jan.	2,	19 62
5. SEX	1	S. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH		GE (In years HE UN		
NT S	ale	Colored	WIDOWED	DIYORCED	May f,	1886		75 yrs. Mon	ths Days	Hours Min.
	, mg	N (Give kind of work	105. KIND C	OF BUSINESS OR INDUST	RY I II. BIRTHPI	LACE (State or			2. CITIZEN OF	WHAT COUNTRY?
		ng life, even if retired)	)			farylan				
	orer								U.S.	A.
13. FATH	ER'S NAME					'S MAIDEN NA				
		. Harden				Sophia :	Smith	<u>_</u>		
15, WAS	DECEASED EVER	IN U.S. ARMED FORCE Egive werordelesofser	ES? 16. SOCI	AL SECURITY NO. 17.				Address		•
1,0	)	'0	215-3	32-2319A 1'r	s. Sadi,	ויידון ווו זד	ממח	al imore	10, 11	
1 19. 0	CAUSE OF DE	ATH [Enter only one c	ause per line fo			. •			1 NTE	RVAL BETWEEN
		WAS CAUSED BY:	Arte	rioscleroti	c C-V D	isease			ONS	5 yrs.
1	1 -	DUE TO					_			
Cond	Conditions, if any, which (b)									
1 1	rise to immediate	a cause			-				-	_
	stating the und	erlying DUE TO								
Ca use		) (c)							<u> </u>	
CERTIFICATION WIND CAUS	ART I. OTHER S	IGNIFICANT CONDITI	ONS CONTRIBL	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	L DISEASE CO	NDITION GIVEN IN	PART 1(e) 19.	PERFORMED?
3									YE	S NO
Ĕ 20e.	EXTERNAL CAL	SE WAS 2D	b. DESCRIBE H	OW INJURY OCCURED.	(Enter nature of i	njory In Peri I o	or Pert II of Ite	m 18.)		
	ARY OF CON	none	none							
₹ 20c.	TIME OF INJURY	Month, Day, Year		TY OCCURRED , 200, PL	ACE OF INJURY	(Home, farm,	20f. (City or	lown)	(County)	(State)
WEDICAL	Hour e.m.	none 19	While et work	Not While to Te	tory, street, offic	e bidg., elc.)	none			
21.	I certify that	t I took charge of	the remains	described above, h	eld an Autop	sy . In:	spection X	, Inquiry 3	, and i	n my opinion
deat	h resulted fro	om: Natural cau	ses X,	Accident . Sui	cide , I	lomicide	, Undet	termined manne	r 🗆	
				_	CHIE	F MEDICAL EXA	MINER 🗍		_	
ACT	UAL )	D.D. Ga	alca		122 A	STANT MEDICA	1 EVA MINIED	_	DE	TE SIGNED
BIGI	NATURE	J. 2) . GILLE	9		M D.				D.A.	IL BIGHED
	MINER'S D.	. D. Caples	s, M. D.	6 на	anover R	d. Reis	tersto	wn, Md.	1	-3-62
22e. BURIA	AL. CREMATION	, 226. DATÉ THEREO		NAME OF CEMETERY C				N (City, lown, or co	ountry)	(State)
	oval (Specify)	Jan.4.	(2)	St. Lukes C	amotomr		Teist	erstoun,	254	
	ERAL DIRECTOR	001164		ADDRESS	auguer.A	24e. REC'D		RI 245. REGISTRA		3.5
		. Comm D				JAS				
0.	. Eline	Sons Re	eisters	town, 'd.		DATE	- 02	Unit	- 8. Hr	of)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If Institution, Residence before edimission) . COUNTY Bal timore a. STATE b. COUNTY Maryland Baltimere MARYLAND b. C.TY OR TOWN (if outs de corporete limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparate I m ts. write RURAL end a ve neerest town) write RURAL and give neerest town Catonsville for your Catensville di: d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE oar ON A FARM? ä Hill Langford Road 1111 Langford Road retained he State B YES TI NO T 3. NAME OF Midda Month Year DECEASED BARBARA ANN HARRINGTON January lhe (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 8 DATE OF BIRTH AGE (to years 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. 3 [ast birthdey] Months Female White and Oct.26.1957 WIDOWED [ DIVORCED [ n. 10a USJAL OCCUPATION (Give kind of work TDb. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) pages Lago with 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA ve Pages 1 PM3 Pag None None Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME John Harrington Betty Ann Rattenbury 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesa vewer or detes of service permit. None Mr. John Harrington, 1411 Langford Rd. Office along w burial-transit pr 18. CAUSE OF DEATH [Enter only one cause per ine for \* (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Route Bronchitis with early Bronchopneumonia IMMEDIATE CAUSE (a) in pencil DOUX **DUE TO** plno Conditions, if any, which gava rise to immediate cause certificate sh S 10 DUE TO Examiner's (a), stating the underlying 35 ò cause last. pesn cremation, PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY ate, writing the word "
the Chief Medical Ex
RE: Page 3 should be u
rior to burial, crematic PERFORMED? YES 🔀 NO 🗔 28b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TME OF INJURY Month Day Year 20d INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. [City or fown] (County) (State) factory, street, office bldg., etc.) While Not While at work et work forwarded to the L DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Agcident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forwar FUNERAL DIS ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER TO SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER [ EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION | 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C'ty, town, or country) (Stete) REMOYAL (Specify) Meadowridge Cemty. <u>0</u>40 ₽ Burial Dorsey Md. 0 ADDRESS 24s. REC'D BY REGISTRAR | 24b. REG.STRAR'S SIGNATURE 23, FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave. JAN 2 9 '62 VS A15ME Chilling & Henris 5M 9/60 DATE

ten 15 Fr 1 508 3-1-1 MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF THEALTH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00267

		LACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Resident	ence before edm ssion)
		BALTIMORE MARYLAND	a. STATE MARYLAND	
М	ь.	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate fimils, write RURAL and give	naarest town)
4		FORT HOWARD 28 DAYS	BALTIMORE	*
		NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
1	ET	TERANS ADMINISTRATION HOSPITAL	1636 THAMES STREET	YES NO X
		#AME OF First Middle DECEASED	Last 4. DATE Month Da	y Yeer
	(T	(YPO OF PRINT) MICHAEL J HA	RTMANOWSKI   DEATH January 12	19 62
	5. 5	7. MARKIED NEVER MARKIED	9. AGE (In yeers I IF UNDER I YEA)	Hours Min.
		MALE WHITE WIDOWED DIVORCED	9/15/97 64 yrs. Months	Hours Min.
	10e. done	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRI during most of working life, even if relired)	11. BIRTHPLACE (County & Stele, or foreign country) 12, CITIZEN	OF WHAT COUNTRY?
		BARBER SHOP FATHER'S NAME	BALTIMORE, MARYLAND U. S.	. A.
		GEORGE E. HARIMANOWSKI	ANNA HOFFMAN	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.; 17. 1	INFORMANT Clinical Records	attos alla
1	Y	(If yas sixty e-ordeles of service) 218-22-5464 VAH	Baltimore 18, MdFt. Howard Divis	ion
1	1	18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c)	10	DISET RECENT
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (*)  BRONCHOPNEUMONIA		RECENT
		DUE TO ADENOCARCINOMA RI		UNKNOWN
-		Cond tions, if only, which CARCINOMATOSIS,		UNKNOWN
		gave rise to mmediate cause BENIGN PROSTATI		UNKNOWN
-	-	causa lost. ARTERIOSCIEROS	IS GENERALIZED	UNKNOWN
긱	CERTIFICATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)	19. WAS AUTOPSY HIPFORMED? YES NO
	CERTIFIC	ZOB ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED ON CONTRIBUTING [] CAUSE OF DEATH   IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter neture of injury in Pert I or Pert II of Item 18.)	
	MEDICAL		CCE OF INJURY (Home, farm, lory, street, office bldg., elc.) (City or town) (County)	(State)
	2	21. I certify that (this hospital) attended the deceased from.	December 15 19 61 to January 12 19 62	that (I) (we) last
		saw the deceased alive on January 12 1962, and that		
		220. S GNATURE	AM	, 22b, DATE
		Menny Krahau / "	A.D. PHYS. DIRECTOR PHYS.	12/62 SIGNED
	2	22c. PHYSICIAN S NAME (Type)	22d, ADDRESS	
	_   .	THOMAS CRAHAN	VAH BALTO. 18, Md. Ft. Howard Div	
		BUR AL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) Burial Jan 15, 1962  Oaklawn Cemet		(State)
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGN	ATURE
	L	ILLY & ZEILER, Eastern Ave & Wolfe Sts	Balto. Mare JAN 15 62 Cilm & to	aug



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH a. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lown) b. GRY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 ON A FARM? NAME OF DECEASED (Type or print) 5 SEX 9. AGE (In years 1 IF U) DER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH and last birthday) Months USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17. INFORMAN 18. CAUSE OF DEATH Enter only one cause per line for te. (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19 WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (Stehe) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m. (this hospital) attended the deceased from.... saw the deceased and that death occurred at I.A.M. from the causes and on the date stated above. 22b. DATE 226 S GNATURE A SIGNED ATTENDING death. Page 4
TO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR 22c. PHYSICIAN'S 22d APPRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) VR A1S (4)



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before edmiss on) a. COUNTY a. STATE **b.** COUNTY **Baltimore** MEDVIKNIN Maryland b. CITY OR TOWN of outs de corporete limits. LENGTH OF STAY N 16 c. CITY OR TOWN (If guts de corporete l.m ts. write RURAL end give neerest town) write RURAL and give neerest town! 2 days Fort Howard Baltimore 29 d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give stroet address) d. STREET ADDRESS Veterans Administration Hospital Louden Avenue completely papers. 4. DATE Month DECEASED OF (Type or print) DEATH E HOLMES January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. carbon 5. SEX B. DATE OF BIRTH lest birthday) | Months and WHITEUE MALE WIDOWED [ DIVORCED certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland General Laborer Lumber Yard 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME please guipi WINDERED M. WILLIAM E. HOLMES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT aiten (Yes, no, or unkown) (if yes a vewer or detes of service) Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: BRONCHOPNEUMONTA g signed signed IMMEDIATE CAUSE (a) burial-transit DUE TO PORTAL CIRRHOSTS LIVER Conditions. been **DUE TO** (a), stating the underlying has ceuse last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY certificate CERTIFICATION ATROPHY TESTES 2Do. ACCIDENT WAS UNDERLYING \_I OR CONTRIBUTING \_ CAUSE OF DEATH ! 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) 100 (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) While Not While et work et work TOR 21. I certify that (this hospital) attended the deceased from January 9 .... 162, to January 11, 162, that (we) last saw the deceased alive on January 11 PM 22a. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR with L O HOSPITAI death. Page o 22c PHYSICIAN S 22d. ADDRESS NAME (Type) VAH. BALTO, 18, MARYLAND, FT. HOWARD, MARYLAND THOMAS F. CRAHAN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 236. BUR AL, CREMATION, 236 DATE THEREOF BALTIMORE 28, MARYLAND 0 5 8 BALTIMORE NATIONAL H 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 SCHWAB 2101 Frederick Ave, Balto., Md. DATE JAN 1 5 '62

EINSRAL HEYE

AARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

19 62

Hours

ÎNTERVAL BETWEEN ONSET AND DEATH

RECENT

UNKNOWN

PERFORMED?

NO -

(Stete)

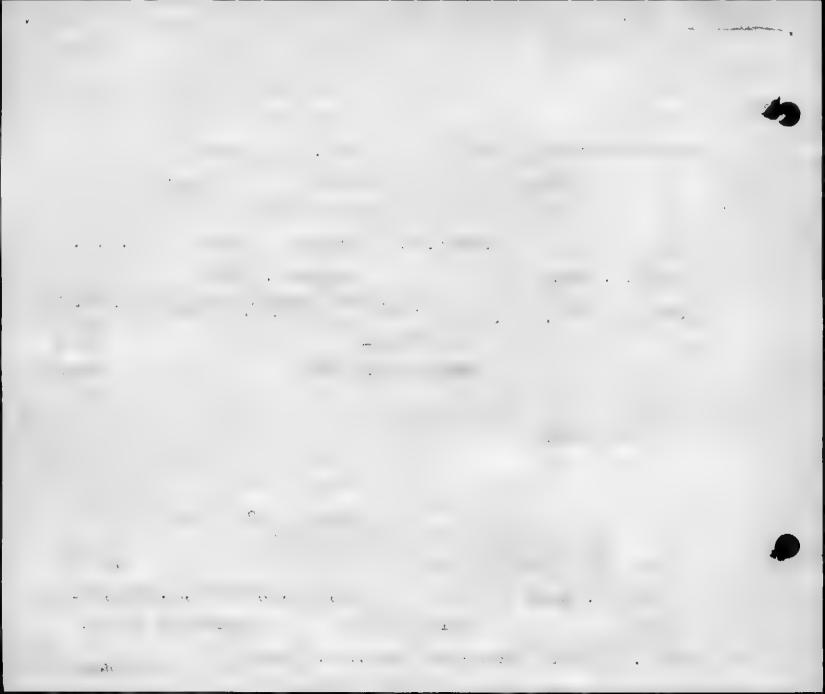
#2b. DATE

Onthon of House

S GNED

S. A.

ON A FARM? YES NO





•



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 3 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission o. COUNTY o STATE b. COUNTY Maryland MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Randallstown Randallstown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 7919 Liberty Road by 12 7919 Liberty Road pup NAME OF Middle 4. DATE last Month filled DECEASED Houff, Sr. January DEATH 18 ages (Type or print) Julius IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COVOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) October 16, 1887 Months Days White DIVORCED | Male WIDOWED [ popers 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Lumber Dealer Baltimore, Maryland puo HD0 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 8 Artha Elizabeth Stump Ψž Gustay Houff remove physic 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (If yes, give war or dates of service) Helen M. Houff -7919 Liberty Rd. n None é please offendin ány 18. CAUSE OF DEATH [Enter only one couse per lines for (a), (b), and (c) Mountain Hand Design PART I, DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) puc the **DUE TO** ۵ permil. Conditions, 'f ony, which gned gave rise to immediate **DUE TO** couse (a), stating the underburial-transit lying couse lost, been PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY F. attending 200 ACCIDENT WAS JNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of item 18.) certificate he (IF EITHER, NOTIFY MEDICAL EXAMINER) 03 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20d, INJURY OCCURRED Day, Year (County) factory, street, office bldg., etc.) ö 0. m While Not while this at work of work o. m. 196 for that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 19 6 2 and that death occurred of saw the deceased alive an IM, from the causes and on the date stated above.

0 TOR: deroc R shauld FUNERAL က pode 0

that the death

236 DATE THEREOI 230 BURIAL CREMATION REMOVAL (Spec fy) Burial

Armacost

22a SIGNATURE

22¢ PHYS CIAN'S

NAME (Type

23c NAME OF CEMETERY OR CREMATORY Lorraine Cemetery

M D. PHYS

22d ADDRESS

23d LOCATION (City, town, or county)

PHYS

Baltimore, Maryland

DIRECTOR T

256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 600 Liberty Hghts. Avenue DATE JAN 2 ALBERTA ...

IS RESIDENCE

ON A FARM?

YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

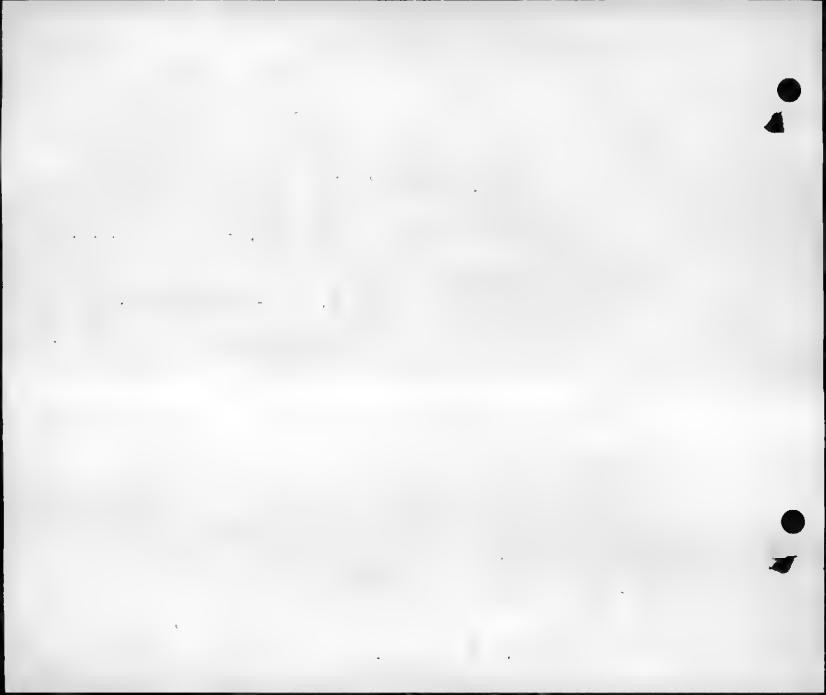
22b DATE SIGNED

(State)

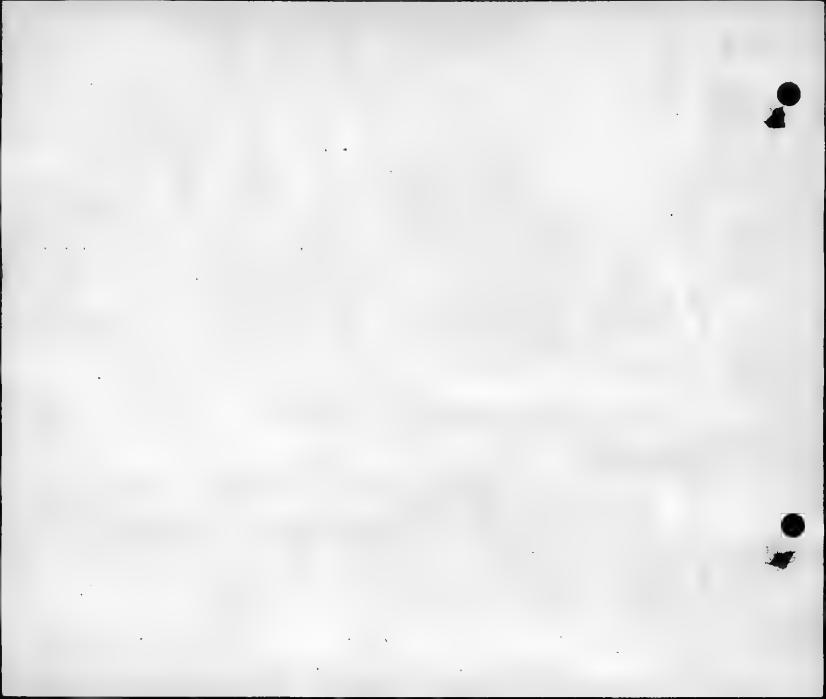
Year

1962

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 5 Firm Gays Ren. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. COUNTY MARYLAMO h CITY OR TOWN III out CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) retained for State Boord death. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e IS RE - DEP IT ON A FARM? YES NO TO 3. NAME OF Month Yepr DECEASED OF (Type or print) DEATH 19 6 2 B. DATE OF BIRTH NEVER MARRIED 9. AGEA'D Least IFUNDER TYPAP IF JINDER 24 HPS moy t Doys Bours WIDOWED [7] DIVORCED T 24 hours after as "." 2. and Poges 1, 2, and Poge 5 puo 5 ~/8 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 111 BIRCHTLACE (Stoke or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life. even if retired) U.S.A. Logan, Ohio Handvman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa Stella Thatcher Porter Hudson 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address A 18. Own Records No INTERVAL SELWERN 18 CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c) Guo PART I, DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) 0 **buriol-transit** pencil in i **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** Medical Examiner (a), stating the underlying couse lest. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour While Not while of work of work p. m 21. I certify that I took charge of the remains described above, held an Autopsy .... Inspection Languity and in my opinion death resulted from Noturo couses L Accident . Suicide | Homicide | | Undetermined manner Č DATE SIGNED **ACTUAL** P 20 0 CHIEF MEDICAL EXAMINER designole SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, \$25. DATE THEREOF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Hazlehurst, Ga. 0 Hazlehusst. Ga. 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS. A15ME ELLSWORTH ARMACOST 4600 Liberty Hights. DATE 5M 2/57

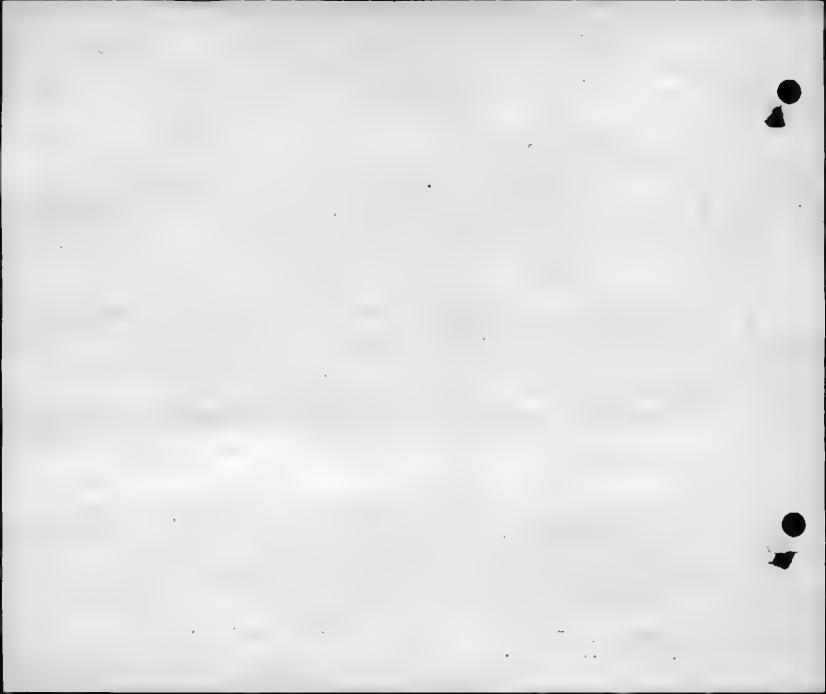


YR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1)271)

	1. PLACE OF DEATH  •. COUNTY		2. USUAL RESIDENCE (Where		ns Rasidence before edmission)
	Baltimore	MARYLAND	a. STATE Mary land	b. COUNTY	
	b. CITY OR TOWN (if outside corporate lim is, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside co	erporala limi s, write RURAL	and give nasrast town)
	Catchavi.le	45yrlOmth dys	Balt more		E 11 1 7 _
	d. NAME OF HOSPITAL OR INSTITUTION ( 1 no	of in hospital, give streat eddress)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
	SPRING GROVE STATE	HOUPETAL.	3017 West Nor		YES NO
	3. NAME OF First DECEASED	M.ddls	Last 4. DATE	Month	Day Year
	(Type or print) Hiram	We	Thlett DEAT	Jan uary	5 19 62
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X   B	DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month	ERTYEAR IF UNDER 24 HRS.
	mal white w	DOWED DIVORCED	Cct., _884	77 yrs. Month	s Days Hours Min.
	10a. USUAL OCCUPATION (G va kind of work done during most of working life, even if retirad)	106. KIND OF BUS NESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	factory		, Virginia		U. J. A.
	13. FATHER S NAME		14. MOTHER S MAIDEN NAME		
	Hartwell Hughlett		Elizabet	n ?	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES [Yas, no, or unkown]   (Ifyas give war or dates of sarvi	? 16. SOCIAL SECURITY NO.1 17. 2	NFORMANT	Address	_
	nn crown	Unknown R	cords: SPRING (	GROVE STATE	FUSPACAL .
	18. CAUSE OF DEATH  Enter only one cau	sa par line (or (a), (b) and (c.,			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Terminal pneumon	iia		2 days _
	DUE TO				
	Conditions, fany, which (b)	Congestive hear	t failure		weeks
	gave rise to immediate cause (e), stating the underlying DUETO				
	causa last. (c)	Arterioscleroti	c heart disease		years
)	PART II. OTHER SIGNIF CANT COND.TIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DISEAS	SE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
-	\[\bar{5}\]				YES NO
	OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW NJURY OCCURED	(Entar natura of injury in Parl I or Par	t II of itam 18.)	
		LANE WHITE OCCUPATE LAN BLA	or or billion (i.e. a. a. a. a.	City or lown)	County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour a.m.	77 11100 1401 47 11100	ory, straat, office bldg., atc.)	Thy or town) (	ConutA) (21914)
	P 1011	at work at work			
	21. I certify that (I) (this hospital)		17 a h 5		
	saw the deceased alive onJAI	1. 5 1902, and that	death occured at	om the causes and o	
	228 SIGNATURE	(0) 10	ATTENDING MED	STAFF	22b. DATE SIGNED
	22c. PHYSICIAN S	isago, H.D. M	TOTAL ADDRESS		-5-62
	HAME (Typa) TOSE R. AL	RTZAGA, H.D.	SPELIE		E MUSPLIAL
	23a. BURIAL, CREMATION, 236 DATE THEREO	23c. NAME OF CEMETERY		CATION (City, town or co	
	REMOVAL (Spacify)	Meadowridge	Cemetery Elkr	idge Maryla:	nd
		TIE GOO WI TOWE			
	BURIAT 1-9-02 24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		ISTRAR 256, REGISTRAF	'S SIGNATURE
		ADDRESS	25a. REC'D BY REG	ISTRAR 256, REGISTRAF	



FOR STATE

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11/275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH BELL	a. COUNTY  2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before add	mission)
か。生 一	a. STATE D. COUNTY	
7 9 8	Baitimore  Maryland  Baltimore  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (I outside corporate limits, write RURAL and give neerest town)	
ALES IVI	write RURAL and give neerest town)	
200	$\int_{\mathbb{R}}$ Dundalk (22)   6 years $\  \cdot \ $ Dundalk (22)	
di ja	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS , a. (S RES)	DENCE
B B B B	235 River View Avenue 235 River View Avenue	
une ne are	The state of the s	10
any e frai Stai	DECEASED	
五七二十二	(Type or print) ETTA MAE INGALLS DEATH January 23rd, 1%2	5
老头女母是 ·	5. SEX 6. COLOR OR RACE T MARRIED TH NEVER MARRIED THE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2	
P P P P P		Min.
F 6/3	Terrate   Will ce   Wildowsb   Divorceb   Feb. 11, 1003   78 yrs.	
2 1 2	10e. USUAL OCCUPATION (G va kind of work done during most of working life, even if retired)  12. CITIZEN OF WHAT CO	UNTRY
S T S T S T S T S T S T S T S T S T S T	Housewife Maryland USA	
hor 3. F	13. FATHER'S NAME	
Pa Pa		
E TE E	Christopher Watkins Emma (Unknown)	
45.00	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas, no, or unknown) [ (Ifyesgivawarordalesofservice)]	
A THE A	no none Charles H.N. Ingalls same as #2	
wi wi	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	CENI
E E E	PART I. DEATH WAS CAUSED BY: THE STANDED BY: THE STANDED BY STANDE	
cil alo	IMMEDIATE CAUSE (a) TT 1. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E T	DUETO	
original of the second	Conditions, if any, which \ (b)	
off Dag	gave rise to Immediate couse	
Se dine	(a), staling the underlying DUETO	
Por Services	cause last. (c)	
us us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1881 19. WAS AUT PERFORM YES NO	
S P S E	PERFORA YES NO	0 130
골 조유곡 등	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Port I or Part II of Item 18)	INT
A A B A B A B A B A B A B A B A B A B A	PRIMARY [ ] or CONTRIBUTING [ ]	
ME 3 s	t t	
<b>登</b> 海県 監査	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (St. Hour, are all Months, Day, Year 20d. INJURY OCCURRED, 20e PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County)	ale)
Page W	B Hotel Committee Committe	
X 등 속 육 년		
FE 50 G	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection and in my opin	nion
T George	death resulted from: Natural causes 1 Accident , Suicide . Homicide . Undetermined manner	
S S S S S S S S S S S S S S S S S S S	CHIEF MEDICAL EXAMINER	
To Date of the part of the par	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGN.	ED
M Part	SIGNATURE A M.D.	
VACUITY I	EXAMINER'S Melvin B. Dovis M. D. Dundalk, 22. Maryland 1/25/62	>
de de	Address (Sireer, Cay, Town, er Callaty)	
O Set Ti	226. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
0 240 9		
н н	Burial 1/27/62 Cedar Grove Cemetery Cedar Grove Maryland  23. FUNERAL D RECTOR 246. REGISTRAR   246. REGISTRAR   246. REGISTRAR   5 SIGNATURE	
VS. AISME		
5M 9,60	Walter Brooks Bradley, Inc., Dundalk 22, Md DATE JAN 26'62 OH & Kan	
S. S		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. Ne. 1197 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss on) a. COUNTY Baltimore Maryland 6 COUNTY Baltimore MARYLAND E. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Fort Howard 22 Fort Howard d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Box 55 Chesnut Avenue Chestnut Avenue Res. Box 66. 3 NAME OF 4 DATE DECEASED R. Gibbons-James DEATH Eva (Type or print) Jan. 5 SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (ast birthday) Months April 20, 1882 Female White WIDOWED XX DIVORCED [7] 10a USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Ret. Tavern Keeper Self Employed U.S.A. Maryland puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Gephardt WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Charles James Jr. 2525 Mc Comas Ave. No 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IO **DUE TO** clevois - Seneralyed Conditions, if ony, which gave rise to immediate **DUE TO** cause (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f (City or lawn) 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not white at work all work Pm The 20 1962 That I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at \_\_\_\_\_M, from the causes and on the date stated above. alive an ADDRESS (Street, city or lown Atole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c NAME OF CEMETERY OR CREMATORY

Oak Lawn

**ADDRESS** 

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

Md.

22d. LOCATION [City, town, or county)

24a, REC'D BY REGISTRAR

DATE AN 2 4 167

Eastern Blvd.

246 REGISTRAR'S SIGNATURE

M Than & Flores

30

20

YES NOXX

1062

offer \$hould VS A15 (4)

15M 10/57

220 BURIAL CREMATION, 226 DATE THEREOF

23 FUNERAL DIRECTOR'S SIGNATURE

24-1962

JOHN J. DUDA 7922 Wise Ave: 22. Md.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITÁL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle 4/DATE Lost DECEASED (Type or print) DEATH ON 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lcal birthday) DIVORCED T WIDOWED [ Sept 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Û 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOY Poges I. poges 15. WAS DECEASED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pencil in Item olong with for buriof-tronsit I **DUE TO** Conditions, if any, which gave rise to immediate cause should DUE TO (a), stating the underlying couse last. pending in 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 6 CERTIFICATION iner's Of be used 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18 ) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lawn) factory, street, office bldg., etc.) Haur Not while a. m at work at work p. m. 21, I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry And find that death resulted fram: Natural causes ... -Accident . Suicide . Undetermined cause Hamicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER | FUNERAL **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER [ 22d. LOCATION (City, town of county) 220. BURIAL CREMATION, 226, DATE THEREOI 22c. NAME OF CEMETERY OR EREMATORY DEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. i

IF UNDER TYEAR

(County)

Days

. IS RESIDENCE

Year

19

IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

NO [

(State)

Min.

ON A FARM? YES NO

5M 9/55

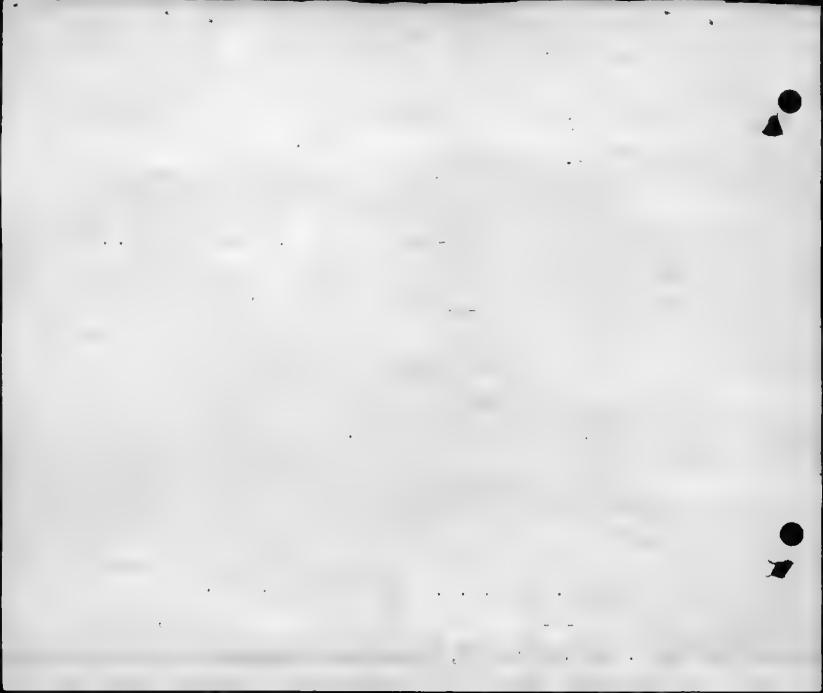


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceesed lived, It Institutions Residence before admission) a. COUNTY
Baltimore b. COUNTY " Maryland MERVLEND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comprete limits, write RURAL and give pearest town) write RURAL and give nearest town) Fort Howard Baltimore 15 Days after d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE BIN A FARM? Veterans Administration Hospital 2324 North Longwood Street YES NO X 3. NAME OF DECEASED OF (Typa or print) DEATH 19 at 62 **AIPHONSUS** S. JOHNSON January 19 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR . IF UNDER 24 HRS. 5. SEX DATE OF BIRTH (pst birthday) and Months Hours Car October 9,1913 WIDOWED DIVORCED [ Male 10a. USUAL OCCUPATION (Give kind of work ... U.S. GOVT. CIVILSERY BIRTHPLACE (County & Ster) or fore an country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ret rack Gen. Service Adm. Bowle. Maryland U. S. A. Supervisor 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME George Johnson Mary Prout 15. WAS DECEASED EVER IN U.S. ARMED FORCES? affen 16 SOCIAL SECURITY NO. 17 INFORMANT Addrass Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) (If yas q va wer or datas of service) 217-07-6444 Howard Division Fort 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN RECEIVE DEATH MYOCARDIAL INFARCTION PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit | XXXX PULMONARY INFARCTION RECENT RHEUMATIC HEART DISEASE Conditions, if any, which IINKNOWN has been gava rise to 'mmediete causa MURAL THROMBOSIS, LEFT VENTRICLE RECENT XXXXX (a), stating the undarlying RECEIVE CONGESTIVE HEART FAILURE the his PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? INFARCTS, KIDNEYS AND SPLEEN - RECENT YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter palyra of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED , 20a PLACE OF INJURY (Home, farm, 20f. (City or town) Affer (County) (State) 20c. TIME OF INJURY Month, Day, Yaar lactory, straat, offica bldg., atc.) CTOR: Aff Not Whila Hour a.m. at work at work 1002 to January 19, 19 62, that (We) last 21. I certify that 21) (this hospital) attended the deceased from January 4 saw the deceased alive on January 19 1962, and that death occurred a 100, from the causes and on the date stated above. 22b. DATE 22a SIGNATAIRE **ATTENDING** STAFF /62 DIRECTOR PHYS. HOSPITAL Bath, Page 4 FUNERAL 22d, ADDRESS 22c PHYSICIAN'S THOMAS'T. CRAHAN, M.D. VAH.BALTIMORE 18 MD., FT. HOWARD ector, 23e. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Ī REMOVAL (Spacify) えずる Baltimore National Cemetery Baltimore Burial 24 KINERAL DIRECTO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 5 GNATURE ADDRESS VR A15 (4) DATE JAN 2 2 '62 C Thur & Kraus 15M 9/60 Kelson Funeral Home 1348 Calhoun St. Baltimore, Md.



1. 4

MARYLAND STATE DEPARTMENT OF HEALTH



the same of the sa

TO DEPUTY MEDICAL E INER: This certificate should be executed within 24 hours ofter death. If any delay is necessary cose executed the certification in the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Provided be forwarded to the fine Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

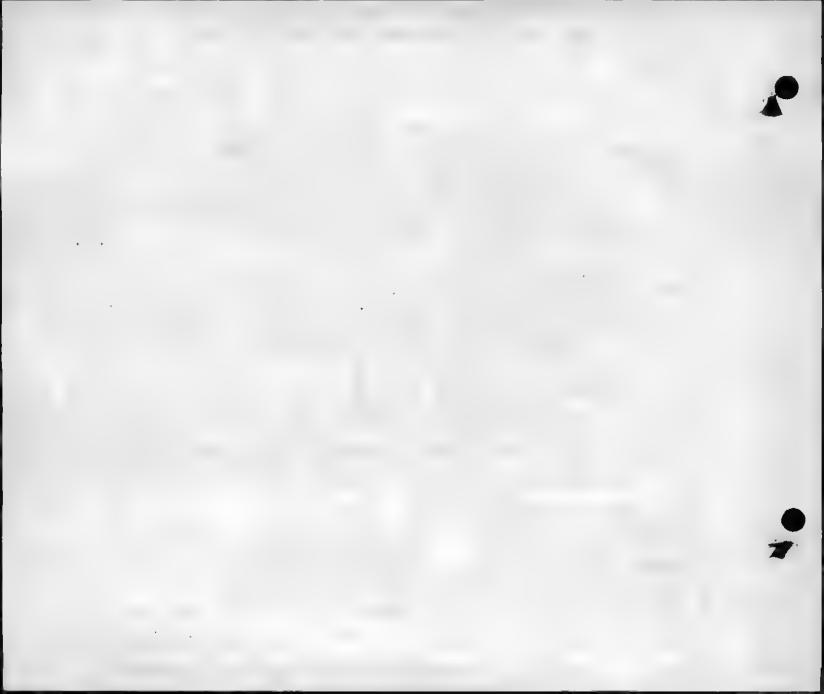
TO FUNERAL DIRECTOR: Page 3 should be used as a buried-transil permit. File pages 1 and 2 with the registrar prior to Crivial, cremotion, or removol.

				-BALTIMORE, 1
00279	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	rafa.	63	7	0
Reg. Dist.	NoU	1	4	11

J. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where decease			e before admission)
6. COUNTY Balti	more	MARYLAND	o. STATE Mary	land	b. COUNT	Balt:	imore
b. CITY OR TOWN II	f outside corporate limits, write RUR/	c. LENGTH OF STAY IN 15	e. CITY OR TOWN (IF	f outside corp	oorole limits, write	RURAL and g	ive nearest town)
Eastpo			K Eastpoin	t			
		in hospital, give street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
8033 Ban	k Street		8033 Ban	k Stre	et		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month		Day Year
(Type or print)	Charles	Elmer	Keenan	DEATH	Januar	<u> </u>	1962
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost brithday)	IF UNDER TY	
Male	***************************************		1-27-1891		70° ym.	Months Do	lys Hours Min.
10a USUAL OCCUPATI	ON (Give kind of work done	106. KIND OF BUSINESS OR INDUS for	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZE	N OF WHAT COUNTRY
Retired-	Private Chauf	fer	Maryland			U. :	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
Willia	m H. Keenan		Marianna	Clemen	ts		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES		NFORMANT		Address		
(Yes, no, or unknown)	(If yes, give war or dates of service		s. Rae Mulli	gan-80	33 Bank	Avenue-	-Eastpoint
18. CAUSE OF DEA	TH Enter only one cause pe	r line for (a), (b), and (c), )	,	<u>~</u>			INTERVAL BETWEEN
	TH WAS CAUSED BY:	CANCINOMA	of th	RYN	X		3-4 M 65
Conditions, it conditions is considered to the course lost.	diote couse						
PART II, OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?  YES NO 12						
PRIMARY OF CO							
20c. TIME OF INJU	RY Month, Day, Year 19	20d. INJURY OCCURRED 20e. PU While Not while fac of work at work	CE OF INJURY (Home, form lary, street, office bldg., etc.	n, 20f. (City	or town)	(Count	y) (Stote)
21. I certify t	hot I took charge of	the remains described obt	ove, held on Autops	y 🔲, Ir	spection 🔃	Inquiry	ond find that
death resulted from: Notural causes D, Accident D, Suicide D, Hamicide D. Undetermined couse D.							
ACTUAL SIGNATURE	11320	.11	M.D CHIEF MEDICAL EX		R 🗇	1,	DATE SIGNED
EXAMINER'S NAME (Type)	11.13 DA	Vis MD	DEPUTY MEDICAL	EXAMINER [	1		10/02
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCA	TION (City, town,	ar county)	(Stote)
Burial	1-18-62	New Cathedra	L Cemeterv	Balti	more. Ma	ryland	
23. FUNERAL DIRECTO	I'S SIGNATURE	A DORESS	24a. REC'	DAY REGIST	RAR2 24b. REGIS	STRAR S SIGN	ATURE Trans
100 1 1	1 71 90 16 10	1 12 F 12	12 /11 DATE	9, 8,	6	Charles M.	, 11mm/00
7			77777	-		1 36.	FOLKLES

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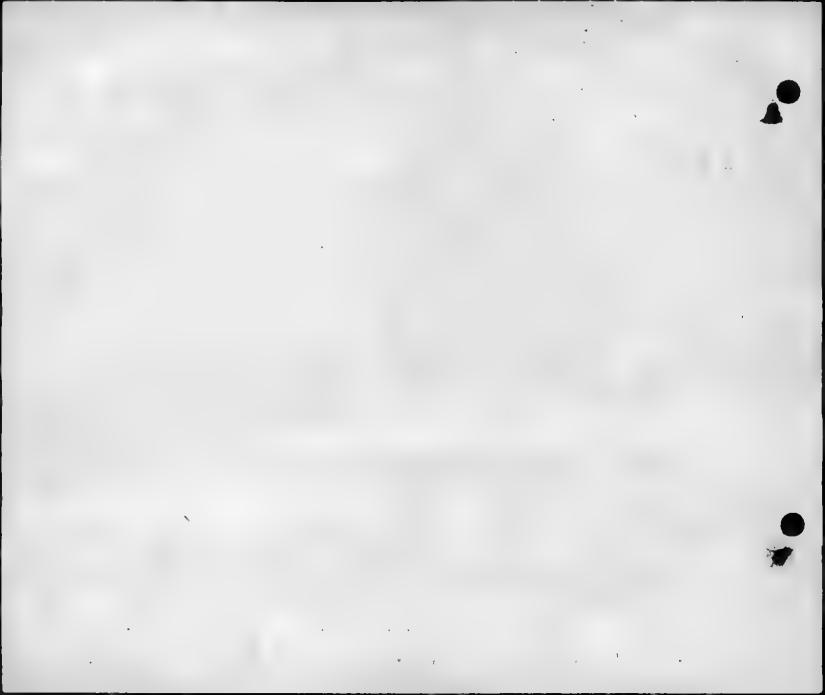
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown) FORT HOWARD 189 Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 🚽 Veterans Administration Hospital 1907 Castle Street 4. DATE DECEASED (Type or print) DEATH 1962 REGINALD KELLY January With 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED AGE (In years FUNDER 1 YEAR 8. DATE OF BIRTH IF JNDER 24 HRS. last b rindey) | Months | Days W DOWED DIVORCED July 13, 1923 Male 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Might Clubs Baltimore, Maryland Musician U.S.A. 13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME Bernard Harris Emma Kellv 15. WAS DECEASED EYER N.L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Clinical Records, VA Hospital (Yes, no, or unkown) (Ifyesg vewarordatesofservice) Baltimore, Md. Ft. Howard Division 216-14-0409 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY PULMONARY EDEMA WEEKS IMMEDIATE CAUSE (a) DUE TO CONGESTIVE HEART FAILURE WEEKS Conditions, if a iv. which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? HYPERTENSIVE CARDIOVASCULAR DISEASE. LEFT CEREBRAL VASCULAH ACCIDENT NO F 208 ACCIDENT WAS UNDERLYING LAUR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) After the Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (State) 20c. TIME OF INJURY factory, streat, office bldg., etc.) While Not While Hour a.m. 21. 1 certify that X) (this hospital) attended the deceased from 16 July 16, 1961, to January 21, 1962, that X) (we) last saw the deceased alive on January 21 162 , and that death occured ap.: I TAM from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED 1962 PHYS. HOSPITAL
Page
FUNERAL
Foctor, page 22d. ADDRESS 22c. PHYSICIAN'S 1 VAH. BALTO. AD. FT H WARD DIVESON LEACOCK. JR., M. D. 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 0.5% Baltimore National Baltimore 28, Md. 25a. REC'D BY REGISTRAR | 25b. REG STRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Elroy O. Wilson Funeral Home, 1000 brantley Ave DATE JAN 31 '62 15M 9/60 Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00284 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. COUNTY MARYLAND b, CITY OR TOWN (if outs de corporata imils, c. LENGTH OF STAY N 16 outs de corporate limits, write RURAL end g ve nearest town; PITAL OR INSTITUTION (if not in hospital, give struct address) IS RESIDENCE ON A FARM? YES NOX NAME OF DECEASED (Type or print) AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. and مّ lest birthdey) WIDOWED DIVORCED USUAL OCCUPATION [Give kind of work dona during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknwn) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ber- Gone Lucies IMMEDIATE CAUSE (a) **DUE TO** one hopnouncen Conditions, If any, which geve rise to immediate cause **DUE TO** (a), stating the underlying couse lest. PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6.) 19. certificate PERFORMED? 1 rache CSLOSING NO. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING 13 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED, 20e. PLACE Of INJURY (Home, ferm, 2Df. (City or town) (County) (State) Month, Day, Year factory, streat, office bldg., etc.] Whila Not While et work el work 19 62 (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from ... 62 and that death occurred at //. A.M., from the causes and on the date stated above. saw the deceased alive on 226 DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. leath, Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOYAL (Specify) P G 1962 Mt Olivet Cemetery washington D C. 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Gasch's Sons 15M 9/60 Hyattsville, Md. Onting & King



RYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased l'ved, If institution: Residence before edmission) a. COUNTY b. COUNTY b. CITY OR TOWN (i outside corporete I mits, c. CITY OR TOWN ( floutside corporala l.m. s, write RURAL end give nearest town) c. LENGTH OF STAY N 16 write RURAL end give nearest town) CATONSVILLE UNSVILLE SUMMIT 3. NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE [In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Months Deys 100. JSLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEREPEI HOME 13. FATHER'S NAME MARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., and (c),) NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: acute Gardian di latation IMMEDIATE CAUSE (e. Kano- cardio - vasculas deserve geve rise to immediate cause DUE TO (a), steting the undarlying by poten sion senility PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIREASE COND.T.ON GIVEN IN PART 1(6)) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING | | 200. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Parl II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, 201. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) il m Queles are 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, lawn or county) REMOVAL (Specify)

Pages

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MARYLAND STATE DEPARTMENT OF HEALTH...BALTIMORE, 18



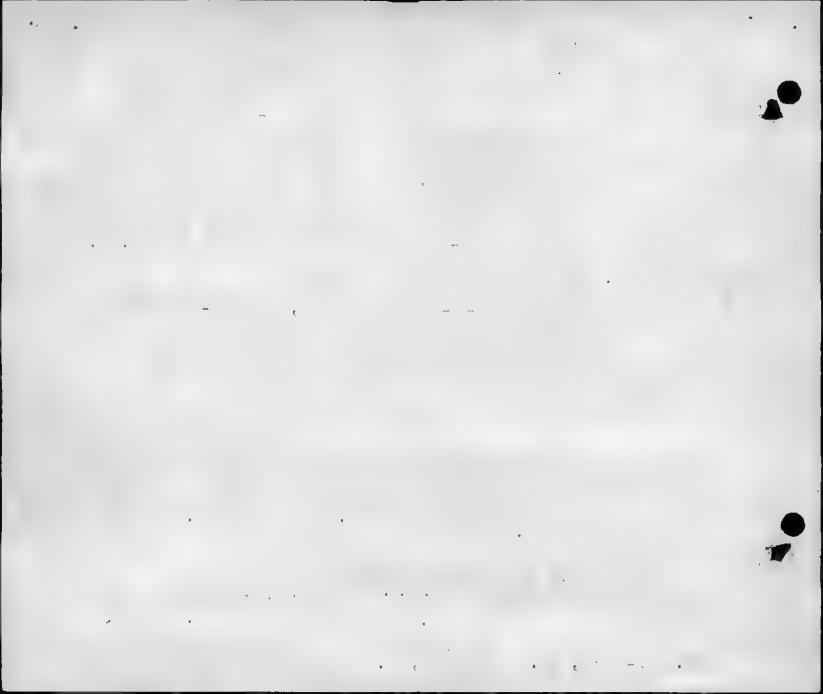
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (if outs de corporate limits CLENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard 21 days Baltimore -22 Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. 15 RES DENCE ON A FARM? d. STREET ADDRESS Veterans Administration Hospital 2606 Ambler Road YES NO X 4. DATE Month Year DECERSED (Type or print) DEATH 19 62 GTUBERT KTA TT January 6. COLOR OR RACE 17, MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR) IF UNDER 24 HRS. and last birthday) WIDOWED DIVORCED Malle. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? BIRTHPLACE (County & State or foreign country) done during most of working life, even if refired) Baltimore, Maryland Electronics Repairman Radio-TV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Leona Seal Gilbert P. Klatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Recordsdors VA Hospital Then JE AN (Yes, no, or unkown) (If yes give war or dates of service) Baltimore 18, Laryland -FO'T HOWARD DIVISI N signed by the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 21 days PART I. DEATH WAS CAUSED BY: GASTRO-INTESTINAL BLEEDING IMMEDIATE CAUSE (a) burial-trans.t ULCERATIVE COLITIS vears Conditions, if any, which gave rise to immadiate cause DUE TO (a), stetling the underlying the bur burial, has cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CATION 20 NO 2Db. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Part I or Part II of Item 18 ) 2De. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2DF, (City or lown) (Stata) Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. 19.61 to Jan. 21 19.62 that (X (we) last 21. I certify that XI) (this hospital) attended the deceased from Dec. 31 ..... saw the deceased alive on Jan. 21, 1962, and that death occurred at 10, from the causes and on the date stated above. 1/21/62 DATE 22a. SIGNATURE ATTENDING J HOSPITAL death. Page 4 o FUNERAL I director, page TX PHYS. DIRECTOR 22c. PHYSICIAN'S LEAG JCK, JL., L.D. VAH Balto, Md-Fort Howard Division 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Harford Road VR A15 (4)

Baltimore. Md.

Circles & House

15M 9/60

Wm. Cook-Blight, Inc.



CERTIFICATE OF DEATH should USUAL RESIDENCE (Where dacessed I ved, If institution, Residence before edmiss on) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) (6) Perry Hall Perry Hall atte Pages filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? Klausmier Rd. 4024 Klausmier Rd YES NOX pletely NAME OF Middie 4. DATE Year Month N DECEASED pa (Type or print) William DEATH Krumholtz H .. Jan. 1962 AGE (In years | IF UNDER | YEAR | IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED 8. DATE OF BIRTH and last birthday) Male White WIDOWED [ DIVORCED Aug.28 physician 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE [County & Stella, or fore on country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) J.E.Smith Paper Cutter Baltimore attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and in Henry Krumholtz Lottie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address oval, (Yes, no, or unkown) | [Ifyesgivewerordetesotservice] 216-05-4753 Lillian E. Krumholtz 4024 tan. Klausmier\_Rd. Hall . Balto . 6 INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per upt for (a), (b), and (c).) ģ ONSET AND DEATH PART I DEATH WAS CAUSED BYsigned s IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate ceuse DUE TO (a), stating the underlying causa last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part | or Part | or Part | or Itan 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. ECTOR: to 10 Jan 1962-that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1964 and that death occured at 3:005 from the causes and on the date stated above. saw the deceased alive op. 22b. DATE 22a. SUNATURE ATTENDING SIGNED STAF PHYS. PHYS. M.D. death. Page 4 paged 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY REMQVAL (Specify) O: F B Buria Jan.13.1962 Baltimore County Parkwood 25%, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Cirilian S. Traus

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

**DIVISION OF STATISTICAL RESEARCH AND RECO** 



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FALTH DEPT. 1. PLACE OF DEATH e. COUNTY a. STATE MARYLAND b CIY OR TOWN (if outs de corporete imits, c. LENGTH OF STAY IN 15 write RURAL and give neerest town] ö Upperco Rei terstown Board sges 1, 2, and 3 to the funeral di 1. Page 5 may be retained for your es 1 and 2 with the State Board hin 72 typus after death. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Hanover Road "anover Road 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Vincent Lam in be executed within #4 hours after death, in pencil in Item 18, Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 5 EX B. DATE OF BIRTH last birthday) WIDOWED [ DIVORCED 10a USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stelle or foreign country done during most of working life, even if relired) Student Baltimore pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Scott R. Lam Mary Kraushman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerardatesofservice) Office along with burial-transit permi "pperco. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] Compound Fracture of Rt. Femur MMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) Crushed Chest cave rise to immediate cause "pending" DUE TO (e), steting the underlying Examiner' cause fest. pesn cremetion, CERTIFICATION ecute the fertificate, writing the word be forwarded to the Chief Medical ERAL DIRECTOR: Page 3 should be ignated agent, prior to buriel, cremet 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY K or CONTRIBUTING auto ran off road and struck tree CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, feetery, street, affice bldg., etc.) 20f. (City or lown) a.m. Jan. 28 19 62 while Not While fectory, street, office bldg., etc.) please execute the fertific 4 should be forwarded to 5 FUNERAL DIRECTO or its designated agent, p Accident x. Suicide . Homicide death resulted from: Natural causes . CHIEF MEDICAL EXAMINER 2.2. Caples ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX DEPUTY EXAMINER'S D. D. Caples, M. D. NAME (Type) REMOVAL (Specify) urial Glen Waven Cemetery 240

VS. AISME

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2. USUAL RESIDENCE [Where deceased lived, if institution, Residence below edition of b. COUNTY Palto. c. CITY OR TOWN (If oulside corporete | m ls, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES NO Month Year 19 62 Jan. 9. AGE (In yours ) IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 8 min. 8 min. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO X (State) Reisterstown.Balto.. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x, Inquiry x. and in my opinion Undetermined manner DATE SIGNED 1-29-62 6 Hanover Rd. Reisterstown, Md. 226. BURIAL CREMATION 1 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (State) A. A. County 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Miliam Cook Inc. laltimore, Md. animi & Trans



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deat nding plea	= ;	1	HARLES H. SCHLOSSER SOPHIA GEBB.		
hen hen	_/	[Ye	WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Address  Address		
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YS ho ho		CERTIFIC	206 ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)		
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HOSPITA ath. Page FUNERA ector, page	and a	1	BURIAL, CREMATION, 23b. DATE THEREOF [23c, NAME OF CEMETERY OR CREMATORY [23d, LOCATION (City fown or county) [51616]		
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VR A15 (4)	1-	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Item 14 Film G506 2/0,00 iwk I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY -TIMOVL MARYLAND b. CIY OR TOWN (if outs de corporate imits, e. LENGTH OF STAY IN 16 c. CITY OR 70 WN (If outside corporate limits, write RURAL and g vo nearest lown) write RURAL and give nearest town) ō NAME OF HOSPITAL OR INSTITUTE ON A FARM State B 3. NAME OF M dale 4. DATE DECEASED (Type or print) DEATH AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED D DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? most of working I fe, even .] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknows Address (Yes, no. or unknown) ! (Presquewar or dates of service) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c,.) PART I DEATH WAS CAUSED BY: 4450 IMMEDIATE CAUSE (a) DUE TO arteriose Coratro 6- V. Timase gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART I, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. while 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., alc.) While Hour a.m. Not While at work mark at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion CIOI Natural causes death resulted from. Accident | | Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should in for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) 0 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Civilius S. Thomas DATEIAN 3 0 '62



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1 PLACE OF DEATH g, COUNTY		2, USUAL RESIDENCE (Who	ere deceased lived If institution: Resider	nce before admission)				
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Catonsville	8nth20dys	Annapolis,	Mary Land	12/12				
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?				
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3 NAME OF Frst DECEASED (Type or print) Carrie	Middle V .	Lee	4 DATE Month of January	23 Year 1962				
S SEX 6. COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS				
f male white wood	VED DIVORCED	Aug. 17, 18	73 88 yrs Manths	Days Hours Min				
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Seamstress	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of Mary Land		S. A.				
13 FATHER'S NAME	1	14. MOTHER'S MAIDEN N						
JAMES WES	SLEY LEE	<b>Walence</b>	MARY JACKS	DN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give wor or doles of service) Unit nown	,	oras: SPRING	GROVE STAL HOS					
18 CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c) }	-		INTERVAL BETWEEN ONSET AND DEATH				
PART I DEATH WAS CAUSED BY CAUSE (a)	PART I DEATH WAS CAUSED BY Condiac foilure							
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	Part Lor Part Lof Item 18)					
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21 I certify that (1) (this haspital) attended the deceased fram. Nay 3 1961, to Jan. 23 1962, that (1) (we) loss saw the deceased alive an Jan. 23 19 62 and that death accurred at 2 M, fram the causes and an the date stated above								
220 SIGNATURE 6	achiler	ATTENDING ME	D CTLEF	-23-62 22b, DATE SIGNED				
22c. PHYSICIAN'S NAME (Type) Stella Wachs	sler, M. D.		towville 28, Maryl	HOSPITAL and				
23a BURIAL, CREMATION, 23b DATE THEREOF	230 NAME OF CEMETERY O	OR CREMATORY	23d OCATION (City, town, or county)	Mile				
of Fundand Dector's Signature	Mount of the	VI. d	D BY REGISTRAN 256. REGISTRAN'S SI	GNATURE There				

of director, Page 4

TO HOSPITAL OR ATT UNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained if cospital or attending physician.

TO FUNERAL DIRECTAR'S: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the buriol-transit permit. Then please remaye corbon papers. Pages 1 and 2 shat the State Board of Health prior to be build, memotion, or memoral, and in any emint, within 72 hours after death.

VR A1S (4) 15M 9759





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before edmission) n. COUNTY b. COUNTY A a. STATE Page files. Baltimore MARYLAND Marvland 6 3 1 + 1 el b. CITY OR TOWN (if outside corporete limits. Le LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore Sparrows Point
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 7246 Conley Street YES NO 0 Sparrows Point Hospital 4. DATE 3. NAME OF Month Dev DECEASED OF JOSEPH **LEMANTOWSKI** DEATH (Type or print) 19 62 January 9. AGE (In years HE UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH may 2 wit last birthdevl Months Deys Hours Feb.1. Malle WIDOWED [ DIVORCED T age 5 | and 27 1Db KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 10a USJAL OCCUPATION (G ve kind of work 12. CIT.7 EN OF WHAT COUNTRY? done during most of working life, even if retired) USA Shipping Maryland Longshoreman pages P.M.3. 14. MOTHER'S MAIDEN NAME Lementowski Unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unknown) (Lives give wer or detes of service) permit. e along with I Mrs.Lillian Lemantowski.7246 Conley St INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease. IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, which (b) geva rise to immediate couse rg DUE TO pending 10 (e), stelling the underlying Examiner uld be used a cause lest. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6., 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING the certificate, writing the Chief I R: Page 3 s for to buris MEDICAL 2Dd. INJURY OCCURRED , 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work ed to the 2). I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inqu'ry and in my opinion fease execute the certific should be forwarded to PUNERAL DIRECTC its designated agent, p MICAL Accident Undetermined manner death resulted from: Natural causes X Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED SIGNATURE 1/4/62 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Charles S. Petty, M.D. Addi NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226 DATE THEREOF 22d, LOCATION (City, 36 3/2 367/26/1690 (Stale) REMOVAL (Specify) Q40 9 O St. Stanislaus Baltimore, Mary Maryland Burial 23. FUNERAL DIRECTOR I I was & Through M.F.SADOWSKI & SONS.1808 EASTERN AVE A15ME 5M 9/60



the funeral d 2 shauld th. 24 hours after and Pages TO HOSPITAT ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the class. Page 4 be retained by the hospital or attending physician.

> TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled of director, page 3 should be detached for some as the barrial-tensit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any even within 72 hours affer.

MAKITAN SIMIL PERMINENT WI HEALIN					
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301.W. PRESTON STREE	T, BALTIMORE 1, MARYLAND		
00202	CERTIFICATE	OF DEATH	00589		

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admiss on)
П	a. COUNTY	e. STATE Maryland b. COUNTY
-	Baltimore Maryland  b. CITY OR TOWN lif outs de corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I ouls de corporete limits, write RURAL end give nearest town)
ı	write RURAL and give nearest town]	0
	Fort Howard 34 days d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street address,	Grasonville d. STREET ADDRESS
1	Veterans Administration Hospital	F7 Chester River Drive YES NO F
T	3. NAME OF Frat Middle DECEASED	Last 4. DATE Month Day Year
ł	Type or print)	T DEATH - 10/0
	James  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
/		Harch 20, 1905   So yrs.   Months   Days   Hours   Min.
	Tidate Militure	RY II. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
П	l'achinist Crown, Cork & Seal	Baltimore, Md. U.S.A
-	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
П	Walter Letts	Anna Bailey
	15. WAS DECEASED EVER N U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	
	(Yes, no, or unkown) (Hyesgivawarurdetesofservice) 216-01-7053 1:	
ı		aryland - Ft. Howard Division
П	PART I. DEATH WAS CAUSED BY: VALVULAR THEART DIST	ASE. AURTIC AND HITRAL INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (e) INSUFFICIENCY, C.IRO	NIC REPRESENTED DECOMPRESATED UNECONI
1	4 O X PUETO	
	Conditions, Tany, which ARTERIOSCIERUTIC C	APDIOVASCULAR DISEASE ULIKUCAN
1	geve rise to immediate cause	
	(a), stating the undarlying couse lest.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY
	2	PERFORMED?
	5	YES NO 1
1	PART II. OTHER SIGNIFICANT COND  NIRIBUTING TO DEATH BUT NO  206 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE  OF CONTRIBUTING   CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter natura of injury in Pert Lor Pert Lof tem 18.)
- 1		ACE OF INJURY (Home, farm, 20f, [City or town) [County] (State)
П	Hour a.m. While Not While	tory, street, affice bldg., etc.)
П		1 00 73
		Tovember 28., 1961, 16. January 1., 19.61, that 70) (we) last
1		t death occured et 2000 men the causes and on the date stated above.
1	220 SIGNATURE	ATTENDING MED, STAFF 22b, DATE
ı	122 11 2 1 10	PHYS. DIRECTOR PHYS. 1 1/1/61
1	22c. PHYSICIAN'S PARE (Type)	22d ADDRESS
1	MARKE J. W. PLER, JR. M. D.	VALL, BALTO. TO. FT HAVALD DY.
	230 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Spec by) 1/3/62 BALTILLE: A	TICHAL BALTINOTE 28, LARITATO
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	THE HAL BALTTHOTE 28, LARITA'D  256. REC'D BY REGISTRAR'S SIGNATURE  10 11 MPAIE JAN 3 '62 17 8. Frank



MARYLAND STATE DEPARTMENT OF HEALTH

carbon and IBE death. Page ... Functor, page ?. filed



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## FOR STATE HEALTH DEP ry please or Page files. Health, TO DEPUTY MEDICAL EXEMINER: This certificate should be executed within 24 hours after death. If any delay is execute the control of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be formulated and the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

VS. A15ME 5M 2 '57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00295 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dia	- 17	f	ŀ	6)	U	13
 Dist	Ma	£	ž	Ki	U	6

Dr .			
	1, 1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	°	COUNTY ISALTIMORE MARYLAND	· STATE MD. b. COLNTY BALTIMORE
	Ь	CITY OR TOWN (1 au side corporate limits, write RURAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (if outside corparate limits, write RURAL and give nearest lawn)
		and give nearest tawn)	X
	d	I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS
		1835 KENTLEY RO. ZONE 22	7835 KENTLEY RD ZONE ZZ YES NO NO.
		NAME OF First M.ddle DECEASED (Type or print) EDWARD JOSEPH M.	ADIGAN  Losi  ADIGAN
	s. s	The state of the s	DATE OF BIRTH P AGE (10 years IF UNDER 14 AR, IF UNDER 24 HPS
		MALE WHITE WIDOWED DIVORCED	10/26/1932 29 yrs Months Days Heurs Mn.
	10a d	USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR INDUSTR' luring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT COUNTRY?
	100-0-0	TURN FOREMAN ISETH. STEEL	BALTIMORE MO.
	13.		14 MOTHER'S MAIDEN NAME
1		CDWARD J. MADIGAN	ELIZABETH WEBER
,	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INI.	FORMANT Address
		NO 213-30-2708 M	PARLENE SPARKS MADIGAN, WIFE, ABOLG
		18 CAUSE OF DEATH [Enter only one coute per line for (a), (b), and (c),	CHATEVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	and cot Ar trusts on the
	П	IMMEDIATE CAUSE (a) COUNTY 3/16/1	The state of the s
		Conditions, if ony, which the 12 (FAC (12)	Shot GU
		gove rise to immediate couse	
		(a), stoling the underlying DUE TO	/
	7	couse lost. (c)	** April
	Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBGTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	3	a series and the series of the	YES NO (I)
	CERTIFICATION	200 EXTERNAL CAUSE WAS PR MARY OF OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	for nature of injury in Part t or Part II of Item 18 )  113 A BLOME A
		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE	GOF INJURY (Hame, form, 1201-(City or town) (County) (State)
	MEDICAL		Estreet, office bldg, etc.) De NollAIR DAT to Nice
		21. I certify that I took charge of the remains described abov	e, held on Autopsy , Inspection . Inquiry . and in my
		opinion death resulted from: Notural couses, Accident	], Suicide [], Homicide [], Undetermined monner []
		ACTUAL MARY TO THE	DATE SIGNED
			M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER []
и		NAME (Type)	DEPUTY MEDICAL EXAMINER []
	220	BURIAL CREMATION, 726. DATE THEREOF 276 NAME OF CEMETERY OR C	(5,5,4)
	1	BURIAL 1/22/62 GARDENS OF	FAITH BALTIMORE, MP.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
	1 5	SCHIMUNELL FUNERAL HOME INC.	DATE ON 2 3 162
	-		and the state of t



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edm ssion) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY MARYLAND c. CITY OR TOWN If outs de comparete limits, write RURAL end give neerest town) b. CITY OR TOWN if outside corporate limits. c. LENGTH OF STAY IN 16 a write RURAL and give nearest town? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street edds sst Lmon2 hours after Pages , rmacosi Nursing Home 3. NAME OF M ddl DECEASED (Type or print) IIIci ann DEATH 9. AGE (În years 11F UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX RACE . 7. MARRIED NEVER MARRIED or fere gn country) 12. CITIZEN OF WHAT COUNTRY? IDE. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired) 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 百 Mary i morose Macdona 百 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17, INFORMANT Fen T huss clentilic ann 300" oodbourne rive (Yes, no, or unkown) (Ifyes give weror detes of service) 18. CAUSE OF DEATH [Enter only on a cause get sine for (a), b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO cnons/6 gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.13)1 19. WAS AUTOPSY 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of fam 18)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d, INJURY OCCURRED 2Da PLACE OF INJURY (Home, farm, 2Df. [City or town] 20c. TIME OF INJURY fectory, street, office bldg., atc.) While Not While Hour a.m. 21. I certify that (1) (this hospital) attended the deceased from Le C 7, 1961, to J 2220, 1961, that (1) ()6) last January 20 1962 and that death occured at F.M. from the causes and on the date stated above. saw the deceased alive on. 220 SIGNATUR ATTENDING DIRECTOR PHYS. PHYS death. Page A director, page 3 be filed with the 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, 23b. REMOVAL (Specify)

VR A15 (4) 15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Leonard J. Kuck, Inc. 5

. IS RESIDENCE ON A FARM?

NTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > (State)



TO HOSPITAL O'S TIENDING PHYSICIAN: The law reguins that the death certificate be executed within ours after a death. Page 4 in retained by the hospital or attending physician.

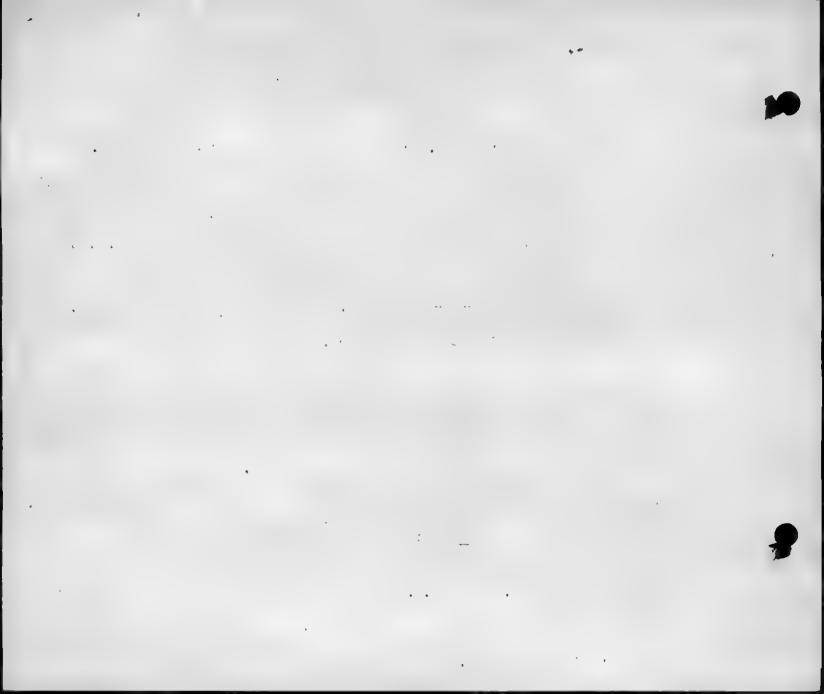
S TO FUNERAL LIBRAL LIBRATIONS: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, apd-in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARTLAND
	CERTIFICATE OF DEATH
1.	T. PLACE OF DEATH  e. COUNTY  Baltimore  b. C TY OR TOWN (if outside corporate limits,  c. LENGTH OF STAY IN 1b  2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm'ssion)  e. STATE  Maryland  Baltimore  c. C.TY OR TOWN (if outside corporate limits, write RURAL end give neerest lown)
	write RURAL and give neerest town)  Lansdowne  d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address)  Lansdowne  d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
	615 Washington Ave.  3. NAME OF DECEASED OF (Type or print) KATIE MC CULLOUGH  615 Washington Ave   YES   NO    Last 4. DATE Month OF OF OF DEATH O
	5. SEX 6. CO.OR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Female White NOWED WIDOWED 1 Aug. 28, 1879 9. AGE (In years last birthdey) Nonths Days Hours Min. 82 yrs.
1	106 USUAL OCCUPATION, G ve kind of work 106. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Robert Blatchley  15. WAS DECEASED EVER IN U.S. AKMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unkown) (Ufgesgive were redeles of service)
	none none George W. McCullough, 615 Washington Ave.  18. CRUSE OF DEATH (Enter only one ceuse par line for a michanical part of the constant o
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,e) 19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m.  P.m. 19   20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, farm, factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (S1010)  REMOVAL (Specify)  Burial 1719/62 Meadow Ridge Howard County, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
	Howard H. Hubbard, 4107 Wilkens Ave. DATE JAN 1 8'62



.

OF W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. Item 9 Firm (1911) 1/2/12 1WA [ 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmiss on) HEALTH DEPT. 1. PLACE OF DEATH a. COUNTY Page files. Health, m. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) for your Towson lowson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained le State Baltimore Beltway & Thornton Rd. Bridge Paisley Farm, Old York Rd. YES TO NO T 3. NAME OF Middle DATE Month Last DECEASED OF (Type or print) DEATH WITT.T.T AM with the McDADE 19 January 6. COLOR OR RACE 7. MARRIED X DEVER MARRIED B. DATE OF BIRTH AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS. Pages 1, 2, and A3. Page 5 may bages 1 and 2 with within 2 hours a lest birthday) Months Hours White Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore go country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I for even if retired) Baltimore, maryland , undre Give Pages rm PM3. Pa File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Inc Jaae Dernard Jeanne IIIc , abe 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no. or unknown) ! (If yes give wer or dates of service) with Blanche IIIc Dade same. 18. CAUSE OF DEATH [Enter only one cause per i ne for (e), (b), end (c).] ing" in pencil in Ite er's Office along w is a burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Craniocerebral Injury. IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which geve rise to immediate cause ate, wr ting the word "pending" in the Ch.ef Medical Examiner's R. Page 3 should be used as a nice to burial, cremation, or rem DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? YES [K] NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Driver of auto into fixed object. 20c. TIME OF INJURY 20d. INJURY OCCURRED & 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Yeer (County) (State) fectory, street, office bldg., etc.) Not While Hour e.m. certificate ded to th scroat, prior at work 3p el work Beltway 1. +25 DOK Towson 21 I certify that I took charge of the remains described above, held an Autopsy 100. Inquiry Inspection and in my op nion forwarded to DIRECTO death resulted from: Natural causes Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER slease execute the should be forwed FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER /18/62 EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Durial 24e. REC'D BY REGISTRAR | VS. AISME conard J. Ruck 5305 Hargord Ruad #14 5M 9,60 DATE



## MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE MARYLAND b. C TY OR TOWN [if outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate smits, write RURAL and give neerest town) Write RURAL and give neerest Igwn) d NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? State YES NO 134 NAME OF DATE DECEASED DEATH (Type or print) with COLOR OR RACE, 7. MARRIED 1 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 2, and 5 may od 2 wi last birthday) | Months Days Hours WIDOWED A DIVORCED 10e USUAL OCCUPATION [G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [fyasgivewerordetasofsarvice)] along with transit permit 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYCCARDIAL AMMEDIATE CAUSE (a) Office burial. Conditions, f any, which gave rise to immediate cause. 40 pending" DUE TO (a), slating the underlying SE Examiner couse lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? ertificate, writing the word NO Medical plnoys 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Hem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief Jage 3 s [ 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Steta) factory, streat, office bldg , etc.) Whia Not While Hour a m at work al work prior forwarded to the DIRECTOR. Inspection & Inquiry death resulted from: Natural causes Accident . Suicide Homic'de Undetermined manner CHIEF MEDICAL EXAMINER slease execute the should be forwar Drugger by FUNERAL DIRUK Its designated ag ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY NAME (Typs) 228, BUR, AL. CREMATION. | 225, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) Reuseval 0 240 g FUMERAL DIRECTO 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME Circles S. March DATE JAN 8 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 7 Film G306 2/9/62 tento inteller waters Y I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) and give nearest lown) MAME OF HOSP TAL OR INSTITUTION (If not in hospital, a ve affect address) e IS ECCIDEN, "F ON A FARM? YES NO Q NAME OF Middle 4. DATE Doy DECEASED Of (Type or print) DEATH 5. SEX 6 COLOR OR RACE 9 AGE (In years MARRIED NEVER MARRIED 18 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 5 RS last birthday) Mantha Hours DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY Poge 12. CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) 35rd. COOR 13. FATHER'S NAME lin Item 18. Give run fice along with form P 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] ONSET AND DEALG PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) pencil in l DUE TO Canditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN FART 1(0) 19, WAS AUTOPS PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED Liner noture of injury in Part I or Part I of item 18 ) 20a. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, 120f (City or town) (County) (Stole) Haur o. m. Wh'le Nat while factory, street, office bidg., etc.) at wark of work o m. 21. I certify that I look charge of the remains described above, held an Autopsy [7], Inspection Languity 4 and in my opinion death\_resulted from: Natural couses 17. Accident 17. Suicide . Hamicide | |, Undetermined monner 1 PATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 210 ofe SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) should FUNE 22a. BURIAL CREMATION 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, of county) [Stote) REMOVAL (Spacify) 70 23. FLINERAL DIPECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS. ATSME DATES 5



×	U	IVISION OF STATISTICAL R	ESEARCH AND RECORDS,		REET, BALTIMORE 1	MAKTLAND
		00302	CERTIFICATE	OF DEATH		111538
4	1. PLAC	E OF DEATH		2. USUAL RESIDENCE (Wh		on: Residence before edmission)
	a. CO	Saltimore	MARYLAND	o. STATE Md.	b. COUNTY	4.12
AA		Y OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURA	L and give nearest town)
[ ] [	) wr	rile RURAL and give neesest lown)		Catanwill		
-	d. NA	ME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street eddress)	d. STREET ADDRESS	<b>C.</b>	. IS RES DENCE
	Ric	1 . M A1 .	. s	1 11121 (10	inidaa Rd	ON A FARM?
	3. NAM	lizeway M <b>anor Nur</b> z	Ung Tome	Losi 4. DE	TE Month	YES NO V
	DECE	EASED	Modre	OF		Day Year
		or print) Genevier	re. 1. Mc	New	ATH	25 19 62
	5. SEX	6. COTOR OR RACE 7. A	AARRIED   NEVER MARR ED 18.	DATE OF BIRTH	9. AGE (In yeers   IF UN  last birthday)   Mont	
	gen		DOWED DIVORCED (	7-16-1883	. 78 yrs.	
	done duri	JAL OCCUPATION (Give kind of working most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11 8 TAPL Jr (County & 519	te orfor g coury 12	CITIZEN OF WHAT COUNTRY
		it home		Maruland		USA
_	13, FATH	HER'S NAME		14. MOTHER SMAIDEN NAME		
T	L	uke McKew		Harriet Ol	son	
ムノ		DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yas give wer or deles of sarvice		FORMANT	Address	
	[145, (10, 1	(Iryasgreens of delayorssivic	" M	iss Angela We	st sa	me
	18.	CAUSE OF DEATH [Enter only one caus	e per line for (e), (b), and (c).)	- 0 ==		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TYPERTENS	IVE & ARTE	171491 (8170)	ONSET AND DEATH
		11/				
	Cond	ditions, if eny, which (b)	CARDIOVASC	4 (4R P1.	sease	34115
	geva	risa fo immedieta cause				
	(a), ceuse	stetling the underlying DUE TO				
		PART II. OTHER SIGNIFICANT CONDITION	S CONTRAUTING TO DEATH AUTINOT	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART I(a)) 19. WAS AUTOPSY
	CERTIFICATION OB CO					PERFORMED?
	200	ACCIDENT WAS UNDERLYING [] 201	DESCRIBE HOW INJURY OCCURED.	(Feter enture of injury in Part Los	Part II of Item 18 1	YES NO
	OR CO	ONTRIBUTING TO CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER,	S. DESCRIBE HOW INJURY OCCURED.	(Emilia manura or myory in Petr I or	Tell II Of Hera to.)	
			and the state of t	P. (2.0.1)111537 (11.	(41)	
	20c.	TIME OF INJURY Month, Day, Year Hour a.m.		TE OF INJURY (Home, ferm, 20f. ry, street, office bldg., etc.)	(City or town)	(County) (Steta)
	×	p.m. 19	et work at work	1	1-1-	
	21.	certify that (I) (this hospital)	attended the deceased from	19 25	10	19.4. Chat (I) (we) las
	saw	the deceased alive on	2-7 19 4.Z. and that		from the causes and	on the date stated above
	22a.	SIGNAPORE	N	ATTEND NG MED.	STAFF	22b, DATE SIGNED
		1 mm 6 /	well MI	PHYS. DIRECTO		******
		PHYSICIAN'S NAME (Type)	Paral	22d. ADDRESS	- N28	25-28
		1 603 7	LUACH	3530 P4(	10 11-41 (1	146-50
		IAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d.	LOCATION (City, fown or c	ounty) (State)
		rial 1-29-62	New (athedre	al (em !.	Baltimore	Md.
-	24 FUNER	RAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR   25b. REGISTRA	10 1 1
. 13	10	conard J. Ruck 5:	305 Hartord Rd.	DATE	2 8 '62 Onth	w S. Thous

TO HOSPITAL OR TENDING PHYSICIAN: The law requires the leath entiticate be executed within purs after death. Page 4 the tetrined by the hospital or attending physician.

TO FUNERAL DAYLOR: After this certificate has been signed by the attending physician and completely filled. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60



TON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER STAT 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY your files. Page **b.** CRUNIY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) years Dundalk Dundalk 3 to the funeral did y be retained for y rith the State Board after death. === d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) & d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Dunglen Court Dunglen YES NO TO 3. NAME OF Middle DATE DECEASED OF (Type or print) Bassill Guy McVey DEATH January 12th 1962 18. Give Pages 1, 2, and 3 to 1 form PM3. Page 5 may be nit. File pages 1 and 2 with the event within 72 hours after 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED AGE (In years | IF JNDER 1 YEAR DATE OF BRITH last birthday) male WIDOWED [ DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore go country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Steel Virginia USA Welder Inspector West 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin D. Mc Vey Adda Terry 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. any ev (Yes, no, or unkown) | (If yes give werer detes of service) Mrs. Anna T.McVev same as 18. CAUSE OF DEATH [Enter on y one cause ina for (e), (b), and (c).( INTERVAL BETWEEN r's Office along was a burial-transit p CCLUSION ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ' in pen Office DUE TO Conditions, if any, which gava rise to Immadieta cause adical Examiner's could be used as "pending" DUE TO (a), steting the underlying cause last. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE. 19. WAS AUTOPSY ste Ch of Medical Ex.
(R: Page 3 should be union to burial, cremation PERFORMED? No III 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED - 20c. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While WED. forwarded to the L DIRECTOR: Plated agent, prior i et work el "work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Dundalk 22 Naryland Melvin B. Davis, M. D. Duttua Addition 1 22b. Date THEREOF 22c. Name of CEMETERY OR CREMATORY NAME (Type) 22e, BURIAL, CREMATION, 225. DATE THEREOF T 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 240 g Burial Laltimore Co. Laryland Gardens 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE JAN 16 arthur S. Henry V5. A1SME Walter Brooks Bradley, Inc., Dundalk 22, Md DATE 5M 9 60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 00303 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) 2 OWEEKS Car M ils. n. Marwland d. NAME OF HOSPITAL (if not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? OZKIE YES NO NO Wilson State Hospital 4. DATE OF DEATH NAME OF Middle Year DECEASED death. (Type or print) 19 6 2 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7. MARRIED TI NEVER MARRIED TI B DATE OF BIRTH 9 AGE (In years completely last birthday) Months Days WIDOWED [ DIVORCED M yrs. popers. 12 CITIZEN OF WHAT COUNTRY? 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) -Ahhin puo 13 FATHER'S NAME Eo physicin remove SOCIAL SECURITY NO 17. INFORMANT oftending p ð pleose CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of DUE TO ò igned by permit. Candilians, if any, which gave rise to immediate DUE TO cause (a), stating the underte hos been sig lying cause last. ottending physicion PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY emotian, PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Day, Year 20d. INTURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State) factory, street, affice bldg , etc.) Haur a m While Not while at wark at wark 1962 that (I) (we) last 21 | certify that (1) (this hospital) attended the deceased from. 1962, and that death occurred at A.M. fram the couses and on the date stated above saw the deceased olive on 22a SIGNATURE TO FUNERAL DIRECTORDE 3 should be d SIGNED ATTENDING MED DIRECTOR STAFF PHYS M D PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) poge 3 the Stot 230 BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Dorchester Mem Cambridge 256 REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'DARY REGISTRAR LeCompte Funeral Service Cambridge. Md.

DATE

VR A15 (4) 1SM 9/59



72 hours after Pages 1 completely and physician remove please r attending physician.
has been signed by the attending
e burial-transit permit LCTOR After this certificate 200 use director, page of TO FUNERAL

CERTIFICA

23a, BURIAL, CREMATION, 23b. DATE THEREOF

requires that the demin certificate by executed within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
00304 CERTIFICATE						
PLACE OF DEATH  COUNTY  B altimore  MARYLAND  D. CITY OR TOWN (f outs da corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest fown)  Catolisvill  Li years  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress,	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)  a. STATE  Maryland  c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest fown)  Int. Rainier  d. STREET ADDRESS  IS RESIDENCE ON A FARM?					
	3401 Bunker Hill Rd.  Last  4. Date OF Death Jenuary And Death Jenuary Month Dey Yeer  Meyer  Death Jenuary  31 19 02  Date of Birth  9. AGE (in yeers if UNDER 1 YEAR IF UNDER 24 HRS.)    No.   No.   No.   No.   No.   No.   No.   No.   No.					
Record   R	Elisabeth NFORMANT Address  coras: Jpring Grove State Hospital NTERVAL BETWEEN ONSET AND DEATH  c cardiovalvular disease years —					
conditions, flany which gove rise to immediate couse (e), stating the underlying DUE TO	eriosclerosis years _					

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? DC) NO 20b. DESCRIBE HOW INJURY OCCURED (Entar neture of injury In Pert I or Pert II of Item 18.) 2De ACC DENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Stafe) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yeer 20c. TIME OF INJURY

MEDICAL factory, street, office bldg., etc.) Not While Hour e.m. at work at work p.m. 19 .. , to ... .1/31./62.., 19..., that (I) (we) last 

, and that death occured a 42.AM, from the causes and on the date stated above. saw the deceased alive on... 1. 22b. DATE 22a, SIGNATURE STAFF SIGNED 31/62

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

Stella Wachsler, M.D.

Spring Grove State Hospital
[23d. LOCATION (City, town or county)]

Burial (Specify) 2/2/62 National Memorial Park Falls Church, 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Garchio Son's 4139 Balt Av, Hyattaulle

123c. NAME OF CEMETERY OR CREMATORY

VR A15 [4] 15M 9/60





(M)	1
CX	-

Page 4

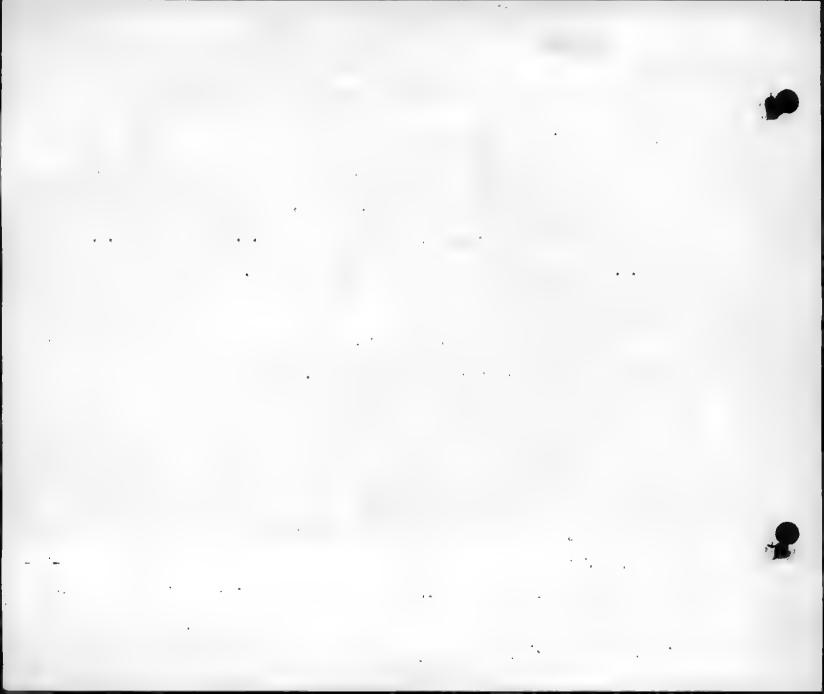
may be retained the Sepital or attending physician.

TO LUMERAL DIMECTOR: After this certificate him been signed by the attending physician and completely filled in by the particular page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ALL VS A15 (4) 15M 9/58

1. PLACE OF DEATH a COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE b. COUNTY				
b CITY OR TOWN (If outside corporate limits, write   c.	LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)				
RURAL and give nearest lown) Paister towns		/Bype/ Baltimore 17, Maryland				
d. NAME OF HOSPITAL (If not in hospital give street odd	Iress)	d STREET ADDRESS 6 IS RESIDENCE ON A FARM?				
or neith Nursing Home		PATETY 2800 Auchentoroly Terr ves No				
3. NAME OF First DECEASED (Type or print) Benjamin	Middle	Mitchell DEATH January 27 1962				
5. SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH P AGE (In years IF UNDER ) YEAR IF UNDER 24 HRS				
Male Colored WIDOWED	DIVORCED .	April 11, 1906   St. pirthdoy)   Months Doys Hours Min				
10a, USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if relired)	ID OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY				
Laborer	HOSP :	Freeman N.C. U.S.A				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
W.S. Mitchell		Suzie M. Spaulding				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO.	NFORMANT Address Irene Mitchell				
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (a) Arter  DUE TO		eumonia / days  ic C. V. Disease years  I NOT RELATED TO THE TERMINAL DISEASE COND TION G VEN IN PART 1(6) 19. WAS ALTOPSY PERFORMED?				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	YES NO (Enter nature of injury in Port I or Port II of item 18.)				
70c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work	Not while for	ACE OF NJURY (Home, farm, 20f (City or town) (County) (State ctory, street, office bldg., etc.)				
	2, ond that death	y12, 1962, to January 271962 that I last saw the decease a occurred at 3:30 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  M.D. 48 Main Street  Reisterstown  Baltimore  Mary				
	2c. NAME OF CEMETERY O					
23 FUMERAL DIRECTOR'S SIGNATURE	ADDRESS 1000	Cicl DATE  240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  7. Thomas				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution@Residence before admission) a. COUNTY b. COUNTY // MARYLAND c CITY OR TOWN (if outside corporata limits, write RUKAL and give nearest town) b. CITY OR TOWN ( I outs de corporate amits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)
Paltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address, | d STREET ADDRESS 7104 Sheffield Rd. 7104 Sheffield Rd. 3. NAME OF 4. DATE DECEASED Euphania MITCHELL (Typa or print) DEATH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 17. MARRIED THEYER MARRIED last birthdey] Months I Jan. 9, 1885 remove 108. USUAL OCCUPATION (G ve kind of work | 10b. KIND OF BUSINESS OR INDUSTRY, 11 & RTHPLACE . County & State, or toreign country) | 12, CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Scotland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Weir Mary Colville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgiva war or dates of service) Ars. Alice ... Pettigrew 7104 Sheffield Pr. 18. CAUSE OF DEATH [Enter only one cause per I ne for ,a), (b), and (c) ] The crophague PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO gava risa to immediate couse DUE TO (\*), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0) 19. WAS AUTOPSY hospital certificate ALUVU KYPUTUN LOU

200 ACC, DENT WAS UNDERLYING 1 20b. DESCRIBE HOW
OR CONTRIBUTING 1 CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER), 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) ined by 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, '20f, [City or town] (County) 20c. TIME OF INJURY Month, Day, Yaer While Not While factory, streat, office bldg., etc.) O 3 21. I certify that (I) (this hospital) attended the deceased from.... 19.6 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on... ATTENDING DIRECTOR PHYS. death. Page 4
O FUNERAL I PHYS. 22d. ADDRESS 22c. PHYSICIAN'S William F.Fritz. M.D. 2 W. University parkway, Balte-18, Md. 230. BURIAL, CREMATION, 236. DATE THEREOF | 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, lown or county) REMOVAL (Spacify) Geo. Washington Man Park H 25», REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

In. Cook-Towson, Inc. 1050 York Rd.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Scotland

Children S. Thomas

Jan.

DATUAN 1 6 '62

e. IS RESIDENCE ON A FARM?

YES NO

19 62

INTERVAL BETWEEN

PERFORMED?

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**FOR STATE** HEALTH DEF TO DEPUTY MY.

Please execute the tertificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dustages ascure the tertificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dustages a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

)T	00000	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
L A	Baltimore MARYLAND	o. STATE Mary land b. COUNTY
ΥI	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate f m ts, write RURAL and give nearest towns
-	Calonville 3yr5mth25dys	Bultimore 3 // - A
,	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, give street eddrass)	d. STREET ADDRESS IS RESIDENCE
1	SPRI G CROVE SIA E HOSE TAL	6717 Youngstown Avenue
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year
	(Type or print) Gaetano	Modo DEATH JANUARY 12 1962
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9 AGE (In y ers IF UNDER 1 YEAR, IF UNDER 24 HRS,
	male white wide Divorced	1.80 February 81 yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired)	Y 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	icre cream vendor	Maryland U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Benny rodo	Philomina Pilato
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
	(Yes, no, or unkown) (Iffyes give wer or detas of service) unknown 216-22-3952 Rec	ords: SPRLG GROVE STATE HOSE TAL
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ACUE P COVERE	CHY OCCIUSION ONSET AND DEATH
	DUE TO	wif 10 137 20 13
	Conditions, if any, which to COPOLLANY al	tersoschrosis years
	geve rise to immediate cause	July 1
	(e), stelling the underlying	extensorerosis years
- 1	Z PART II OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COMPITION GIVEN IN PART 1 - 19, WAS AUTOPSY
	E Afrechina lold hop netterich	PERFORMED? PERFORMED?
	206. EXTERNAL CAUSE WAS & 206 DESCRIBE HOW INJURY OCCURED. IE	of the late of the
	B PRIMARY LI OF CONTRIBUTING Struck by another pat	ient, causing him to fall to the floor
		a of Nilliky (Home, term.) 201. Taily or lown, (County) (Sters.
	Hour e.m. 11-3	ory, street, office bldg., etc.) Catonsville 28. haryland
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes . Accident . Suici	
	dealif tesulted from: Trainial causes & Accident	CHIEF MEDICAL EXAMINER
	ACTUAL COURT & SINONICE	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	SIGNATURE TO THE TOTAL OF THE PARTY OF THE P	M.D. DEPUTY MEDICAL EXAMINER 127
	NAME (Type) Joseph Cladue D	Address (Street, city, town, or county)
	220. BUFGAL, CAMARION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	aith Trump & Mill Rd. Relt. Md.
	23 ONERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Topul Talle Love 322 S. Hig	h St. DATE JAN 4 162 Juny S. Huma
	A. MANTIN CONTROL OF THE PARTY	Total Control of the



VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00309 **CERTIFICATE OF DEATH** 

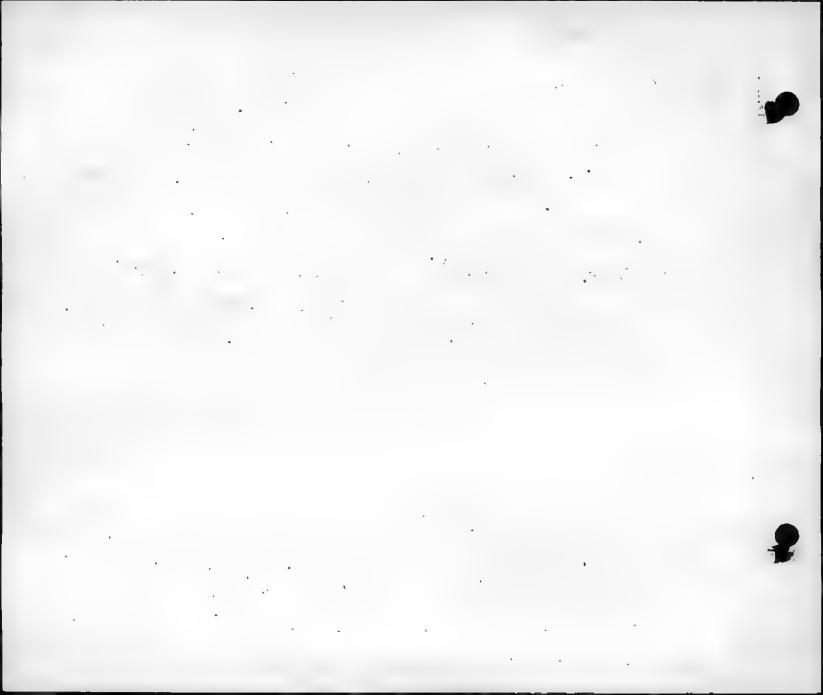
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-											
	PLACE OF DEATH	DUNTY Baltimore				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY					
	b. CITY OR TOWN	CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)  RURAL and give hearest town)  RUPAL and Baltimore					AL and give	nearest town	n)		
-			ll hours			nore		2 10	1 7		
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Relay Hill Hospital			d. STREET ADDRESS 612 Pratt Street 6. IS RESIDENCE ON A FARM? YES \( \text{NO} \) NO \( \text{NO} \)					FARM?		
3.	NAME OF DECEASED (Type or print)	John	M ddle	Morris	+	4. DATE DEATH	Month Jan.	29	Day	Yeor 1962	
5	<sup>SEX</sup> Male	6. COLOR OR RACE 7 MARI		MAR.	2,1	1895 9. AG		Months Do	ys Hours	ER 24 HRS	
10	during most of wor	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign country)		12. CITIZEN	OF WHAT	OUNTRY	
	eaman	and the state of		Wash	ningt	on, D.C.		USA	7		
13	FATHER'S NAME	, ,		14 MOTHER'S	MAIDEN I	VAME					
	HARR	Y MORRIS	DECEASE	7) F.	riend	•					
	es, no, or unknown)	ER IN U. S. ARMED FORCES? 16.		NFORMANT		nchor Hot	el- 612		t St:		
-	Tie Calife of De	ATIA (C.A. and an analysis	Be	l timore,	2, 1	id. Hul-	- 5-531	10	NTERVAL BE	TIM/EEN!	
		ATH [Enter only one cause per li ATH WAS CAUSED BY:						6	NSET AND	DEATH	
	4	IMMEDIATE CAUSE (o)	Coronary thre	ombosis					fee V	11/11	
DUE TO							/				
	Conditions, if ony, which gove cise to immediate (b) Coronary disease							M-27			
	couse (a), stating the <u>under-</u> lying couse last.  (c)										
CEPTIFICATION	PAIT II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE CON	D TION GIVEN	N IN PART 1(	PERFC	ALTOPSY DRMED?	
MFDICAL	20c TIME OF INJU Hour a.m. p. m.		Not while for	ACE OF INJURY (I clory, street, office	Home, form bldg , etc	n, 20f (City or tov	rn)	(Cau	nfy)	(Slote	
	21 I certify th	at (I) (this hospital) attended	ded the deceased from 219.62, and that a	Jan. 29	12 1 ot 3P	62 to Jan					
	220 SIGNATURE	- Eury /	( )- /	ATTENDING PHYS.	3 _ M	ED. STA	.FF			5 DATE SIGNED	
	22c PHYSICIAN'S NAME (Type)	Lewis P. Gund	ry, M.D.	22d ADDRE	SS	7, Mđ.					
2	BURIAL CREMATE	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY		23d LOCATION (	City, lown, or	county)	(Sto	le)	
	REMOVAL (Specify	2-2-1962	Sacred Hear	t		Baltimor	e Coun	tv. Ma	rvlan	d	
24	FUNERAL DIRECTO		ADDRESS		25a. REC'		2Sb. REGIST				
	Lilly & Ze	eiler Inc. 1901	Eastern Ave.		DATEJA	N 3 1 '62		3 1			



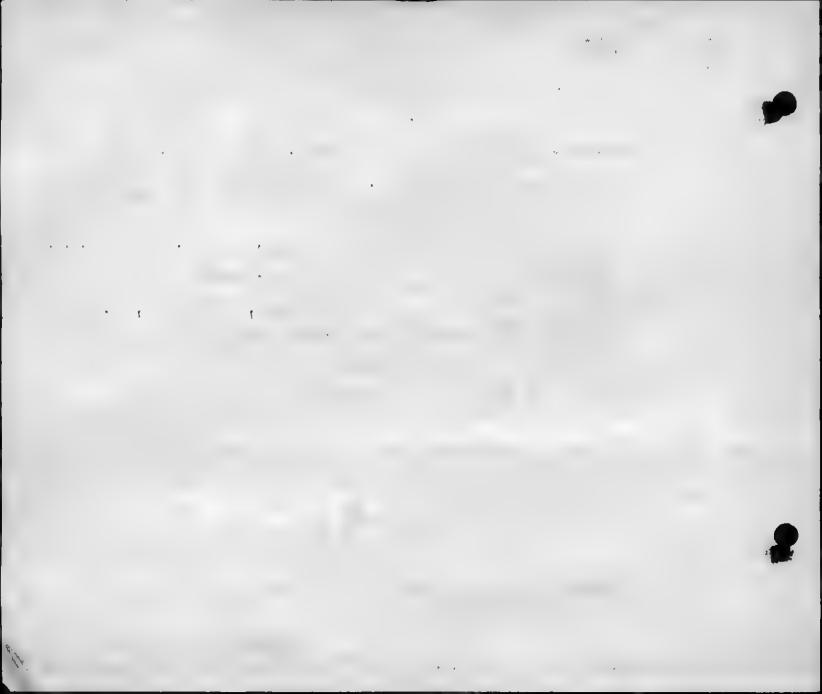
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00310 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give nearest town) e. IS RESIDENCE d. NAME OF ROSPITAL (If not in haspital, give street address) J d. STREET ADDRESS ON A FARM? OR INSTITUTION AUPSBURG þ YES NO Middle DATE Day Year filled DECEASED OF Louisi (Type or print) DEATH 19 8 Pagi 5. SEX RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AG (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS ely n years Months Days Hours WIDOWED [ DIVORCED [ yrs. cample papers ā 10o. USUAL OCCUPATION (Give kind of work dane) 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SEWING and carban 13. FATHER'S NAME 14. MOTHER'S 15 WAS DECEASED EVER IN U S. ARMED FORCEST INFORMAN' (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the under-te has been sig burial-transit lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 1962, that I lost sow the deceased olive on and that death occurred at from the couses and on the date stoted obove. ADDRESS (Street, city or lown, stat) DATE SIGNED may be retained.

IUMERAI BIRECTAIN **ACTUAL** shauld be SIGNATURE DATE THEREOF 22d. LOCATION (City 22c. NAME OF CEMETERY OR CREMATORY (Stote) 2 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR Come . S. Times VS A15 (4) 15M 9/58



**DIVISION OF STATISTICAL RESEARCH AND RECORDS** RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased fixed, If institutions Residence before edmission) e. COUNTY **b.** COUNTY Raltimore Maryland MARYLAND b. CITY OR TOWN (if outs da corporata imits, e. LENGTH OF STAY N 16 c. CITY OR TOWN (If ourside corporete limits, write RURAL and give nearest town write RURAL and give neerest town) Owings Mills yrs. Baltimore Pages d. NAME OF HOSPITAL OR INSTITUTION, I not in hospital, give street address) pe d STREET ADDRESS . IS RESIDENCE ON A FARM? Rosewood State Training School YES NO N. Collington Ave., 3 NAME OF 4. DATE Month DECEASED DEATH (Typa or print) Charles NAIL Edward. Jr. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH last b'rthdey) , Months Days Male IDA. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUS. NESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) done during most of working l.fe, even if retired) Baltimore, Maryland. none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please BLUMENSTOCK Charles Edward Nail Lilliam M. B 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) NO Rosewood Records, Owings Mills, Md. 18. CAUSE OF DEATH [Enlor only one cause per line for (a. (b) end.c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), steting the underlying certificate har rese as the laries PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part | or Part | of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 2Dd, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 2Df. (City or town) 2De. TIME OF INJURY Month, Day, Year (County) (Steta) factory, streat, office bldg., etc.) While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from 64, and that death occured als. from the causes and on the date stated above. saw the deceased alive on., 22b. DATE 22a. S GNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Page 4
Jirector, pages 3
Jirector, pages 3
Jeffiled with the 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) 0.5.8 43URIAL 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATUM VR A15 (4) 15M 9/60

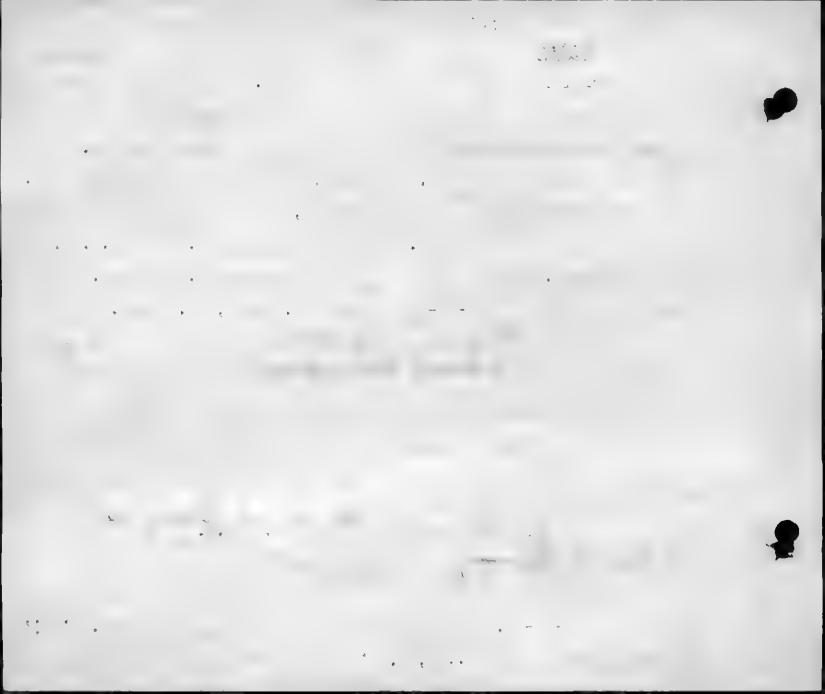
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS.



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00313 4 should b cremation 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is nec cute the certific. Oute the certific. Adedical Examiner's Office along with farm PM3. Page 5 may be majored for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to

Reg. Dist. No.

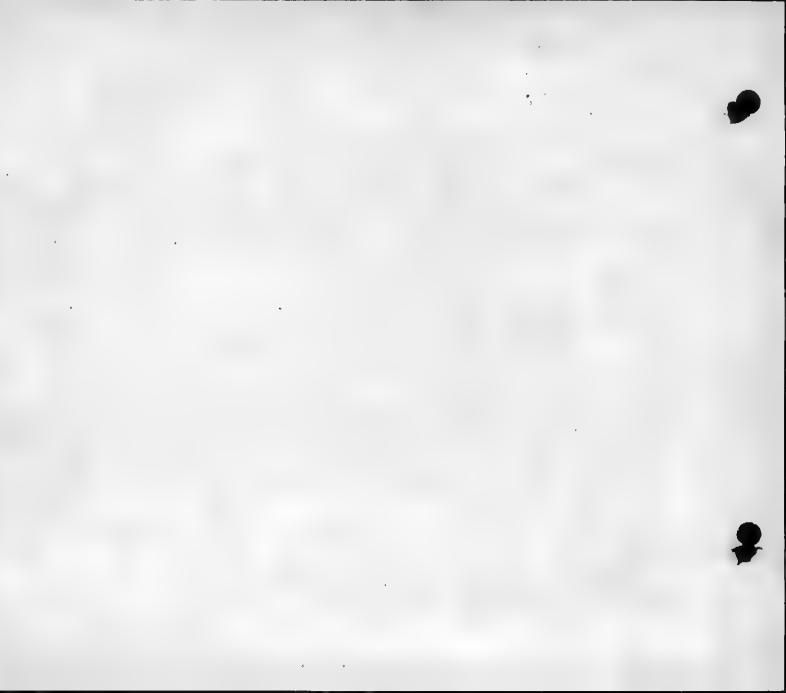
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1	Daltimore	MARYLAND	o. STATE	Maryland	b. COUNTY	- it.	11 -
	CITY OR TOWN (It outside corporate limits, write RURAL and give necreal lown)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside cor	parate limits, write	RURAL and give	nearest town)
	Dundalk		X	Turner St	tation		
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	tal, give street address)	d. STREET AD	ORESS			e. 15 RESIDENCE ON A FARM?
_	206 Avondale Road		206	Avondale	.toad		YES NO
3.	NAME OF First First	Middle	Lost	4. DATE OF	Month	,	Year
	(Type or print) Leon 172		ewton	DEATH	Janu		
5 :	6. COLOR OR RACE 7. MARRIED	A	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doys	Hours Min.
L	/V   C   WIDOWED		lpril 25,		37 yrs.		
10c	. USUAL OCCUPATION (Give kind of work done 10b. KIN furing most of working life, even if retired)						OF WHAT COUNTRY?
		hlehem Trip Ye		Springs	, N. C.	U.	ro Au
13.	FATHER'S NAME		14. MOTHER'S M				
L	Frederick Newton			para McCul	Lley		
	, no, or unknown)   (If yes, give wor or dates of service)		IFORMANT		Address		
			enora C.	Newton -	206 Avoi d	lale Kd.	
	18. CAUSE OF DEATH [Enter only one couse per line to	r (a), (b), and (c).	0	. 1		INT	ERVA, BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY:	orenous	094	elec 10	~		10 Blan
	4 O DUE TO	U					
	Canditions, many, which are to immediate cause (b)						
	(a), stating the underlying DUE TO						
-	cause last. (c)					1	
CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO TI	HE TERMINAL DISEAS	SE CONDITION GIVE	EN IN PART 1(a)	PERFORMED?
15	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE F	TOW INJURY OCCURRED. [E	nter nature of inju	ry in Part I or Part I	of item 18,)		
E.	PRIMARY   of CONTRIBUTING   CAUSE OF DEATH.				·		
7	20c. TIME OF INJURY Month, Day, Year 20d, IN.	JURY OCCURRED 200. PLAC	E OF INJURY (Ho	me, farm, 20f. (Cit	y or town)	(County)	(State)
WEDICAL	Hoer o. m. While at work	Not while facto	ry, street, office b	ldg., etc.)			
-	21. I certify that I took charge of the re		re, held an A	utopsycle 1	nspection [2]-	thouiry [	Leed find that
	death resulted from: Natural causes						
	1 / 1		Sourced /				
	ACTUAL SIGNATURE ALL M.D. CHIEF MEDICAL EXAMINER						
	ASSISTANT MEDICAL EXAMINED TO						
	EXAMINER'S A CC	Collins	DEPUTY M	EDICAL EXAMINER		1-1	5-62
220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	C. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	TION (City, town, o	r county)	(State)
	Fur al 1-16-62	Bultimore Na	ational	Bal	Ltimore, 1	Maryland	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR						
C	Charles R. Lav 802 Madison Ave., Balto., Rd. DATEAN 16'62 Living & House						
_					-		

VS. A15ME(5) 5M 9/55

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TO DEPUTY MEDICAL



DIVISION OF STATISTICAL RESEAR STREET, BALTIMORE 1, MARYLAND OF DEA 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if Institution, Residence before edmission) COUNTY BALTIMORE MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necres) town) write RURAL and give nearest town) carbon papers. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF 4. DATE Middle Yeer DECEASED OF (Type or print) DEATH 1962 SEX AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday] Months Days WIDOWED DIVORCED 10a, USUAL OCCUPATION (G ve kind of work State, or foreign 12. CITIZEN OF WHAT COUNTRY? country done during most of working life, even if refired) 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 16. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 | 19. WAS AUTOPSY 0 PERFORMED? NO X 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I 2Db. DESCRIBE HOW NJJRY OCCURED (Enter nature of injury in Part I or Part II of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. | certify that (I) (this hospital) attended the deceased from...... to 196 and that death occured at M.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE ATTENDING STAFF SIGNED! MED death. Page 4

CO FUNERAL

director, page 3

be filed with the 灵 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 228. ADDRESS NAME (Type) 23a, BUR AL, CREMATION, 23d. LOCATION (City) CREMATORY (State) REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE VR A15 (4)

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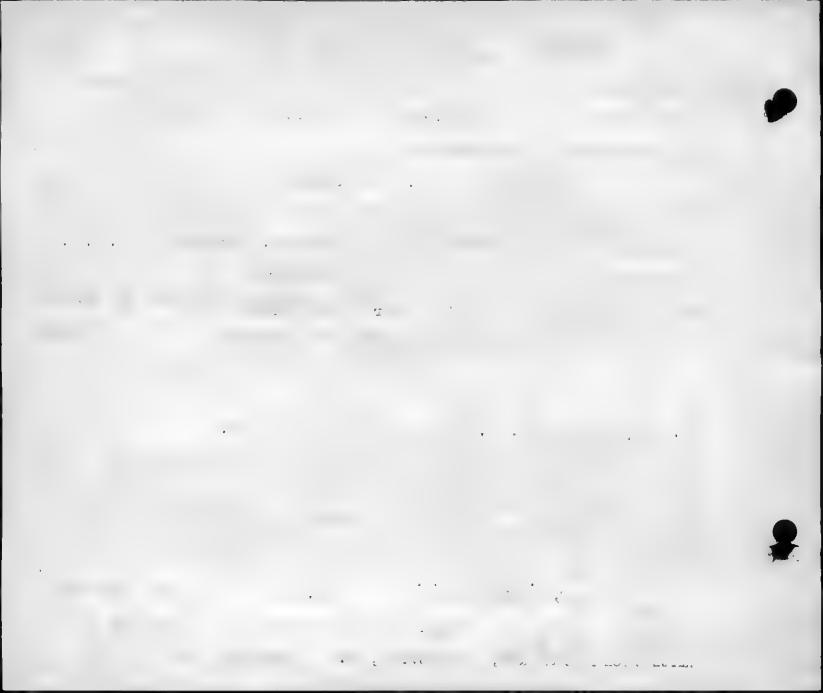
ADDRESS

Kurtz & Son Funeral Home, Jarrettsville, Md.

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

i shor & traus

funeral should after Pages filled papers. n 72 ho completely carbon and physician remove 8 a ģ signed **burial-transit** the pr certifical as o USB the After OR: death. Page 4 rector, 名音の VR A15 (4) 15M 9/80



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 00316 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY o. STATE **b.** COUNTY MARYLAND Marvland Baltimore Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest fown)
TOWSON Rural Box 252 week Joppa. Route d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON-A FARM? YES NO 3. NAME OF First Middle lost 4. DATE Month Dav DECEASED OF DEATH (Type or print) Annetta S. Pearce Jan. 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE DETETEL B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED | white female 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Waitress Restaurant Maryland U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frederick Wetzel Louisa Wise IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-20-0643 Harry W. Pearce JODDE Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ARDIO RESP FAILURE PART I. DEATH WAS CAUSED BY: 15 MIN. IMMEDIATE CAUSE (o) DUE TO RIERIO SCLEROTIC C.U. DISEASE permit. Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. ond PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION removal, PERFORMED? YES | NO | 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bidg., etc.) Hour o. n. While Not while of work of work DEC ... 19.60 that I last saw the deceased 21. I certify that I attended the deceased fram. 11 DEC and that death accurred at 2:450 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Franklin PHYSICIAN'S NAME (Type) Maryland. Harvey P. Sidwell 401 Franklin 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Abingdon Harford Maryland Rurial Cokeshurr Memorial

Abingdon Maryland.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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HOWARD K, MC JOINA & Sold

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1/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
_ <u>L</u>		CUS12 CERTIFICATE OF DEATH
affer nera	_	1. PLACE OF DEATH Spring Grove State Hospitals. USUAL RESIDENCE (Where decesed lived, If institution, Residence before edmission)
2 4	IN	a. COUNTY
手のま	M	b, City OR TOWN (if outside corporate I m Is. c. LENGTH ( AY IN Ib. c. CITY OR TOWN (if outside corporate I m ) write RURAL and give neerest lown;
4 de 9	X	write RURAL and give peecest town 8 yrs. 7 mos. Baltimore 18
in die	1	d. NAME OF HOSP, TAL OR (NSTITUT, ON (if not in hospite), give street eddress)  d. STREET ADDRESS  ; e. IS RESIDENCE
P P S I	14	Spring Grove State Hospital 2818 N. Calvert 3 reet YES No Z
~ 호		1. NAME OF First ddle Lest 4. DATE Month Dey Year
culph plane		OF January 6, 19 62
Exe Eog P of hin	3.00	
rbo wit	1	lagh whiday) Manthe Dave Hours Min
n al	3	WIDOWED X DIVOKED   Play 27, 1002
iciai iciai iove		10s. USUAL OCCUPATION (Give kind of work done during most of working I fe, even I refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY?
hys rem		Housewife New York State U.S.
th go p asse in		Angus R. Grant  Line Mother's Maiden Name  Emily McCray
dea ndin ple		
the strength		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (Ifyesgivewerordetesofservice)
he a		no none Records: Spring Grove State Hospital
ian.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
ysic bd l ber per		IMMEDIA: 'AUSE (a)  Arteriosclerotic gangrene right leg
red in the		DUE TO
law Jing Pin s Pira Pira ema		Conditions, at any, Which (b) Generalized arteriosclerosis
he lend be be larial		gova rise to Immadiate cause (a), stating the underlying DUETO
has b by		cause lest. (c)
AN ale	and the same of th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED.  YES NO TYPE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED.  YES NO TYPE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED.  YES NO TYPE OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED.  YES NO TYPE OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED.
Spitific and A ro	~ *	
Price of Price		20e. ACCIDENT WAS UNDERLYING [] ; 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of 'tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH [I] [I] EITHER, NOTIFY MEDICAL EXAMINER]
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He de		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)  Hour e.m. While Not While factory, street, office bldg., etc.]
o deta		p.m. 19 at work at work
E S E		21. I certify that (I) (this hospital) attended the deceased from 5/13/J. 3 19, to 16/62, 19, that (I) (we) last
무무		saw the deceased alive onJan
Stai		228. SIGNATURE ( ) 22b. DATE SIGNED
1418년 8		MD PHYS. D DIRECTOR PHYS. 1 1-7-62
<b>1</b>		22c. PHYSICIAN'S HAME/Type) TOE - 17 JA 717 1 1 22d. ADDRESS
N 7 5 0	*	TIND JOSE IT WILLY CHINA STATE MASSIVE STATE MASSIVE
HO ath.		23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
å ë o ë o		BURIAL   1-10-62   Moreland Memorial Cem.   Taylor Avenue, Balto. Co
VR A15 (4)	.pl	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60	1:	Wm. C ok, Inc., 1217 St. Paul Street Zone 2 DATE JAN 9 '62 Cutlun & Krone

MARYLAND STATE DEPARTMENT OF HEALTH

OF

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Baltimore b. COUNTY Ud MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Baltimore 28. Md. Me Rural: Towson or INSTITUTION Eudowood Sanatorium STREET ADDRESS e. IS RESIDENCE ON A FARM Fr.derick Road 1709 YES NO TH Towson L. warvland NAME OF Middle 4. DATE Month Year Dov DECEASED OF 1962 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours DIVORCED IT WIDOWED I 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life; even if retired) Retired Restauranteur 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME PERRY IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: GBSTRUCTIVE PULMONARY EMPHYSEHA DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work p. m. of work 21. I certify that I attended the deceased from \_\_\_\_that I last saw the deceased and that death accurred at 5 - 2-M, from the causes and on the date stated above alive on ADDRESS (Street, city or town, stole) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole) REMOVAL (Specify) Moreland Memorial land Datamore, mari Dursas 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 5305 Harsord Road

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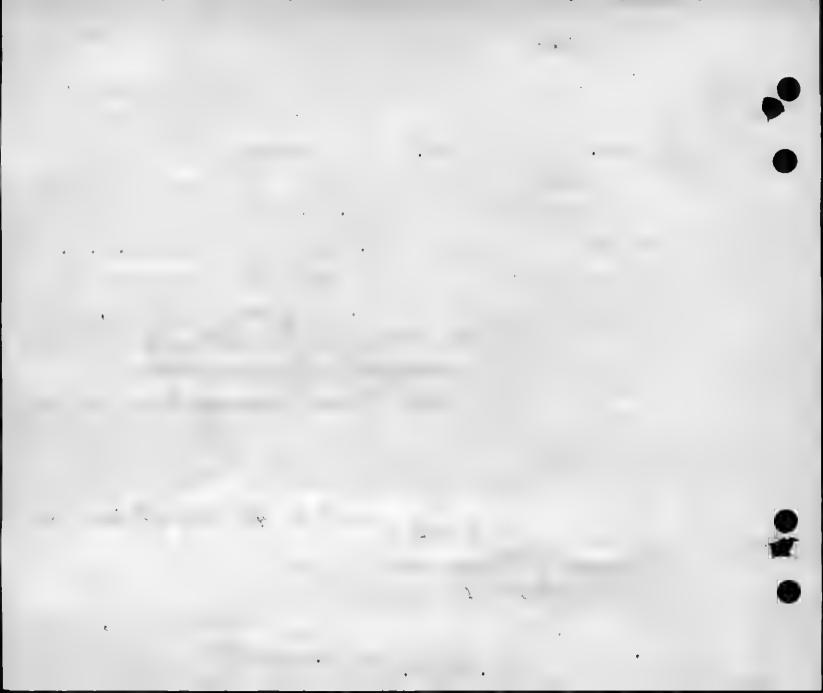
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VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND 00319 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MEDITE NO Maryland Baltimore
CITY OR TOWN life outs de corporate limits, write RURAL and give neerest fown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Glen Arm f'e d STREET ADDRESS Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress . S RESIDENCE ON A FARM? Last Box YES NO Glen Arm, 3 NAME OF DATE paper DECERSED OF (Type or print) DEATH 19 62 Yellott January 5 SEX AGE IN Yeers IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BRTH last birthdey] Months Deys Hours Male WIDOWED [ D. VORCED Jan. physician 10e. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending p Augustus Piper Mamie Monroe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyes give weror deles of service) dan. Thelma Glen Arm Maryland 18. CAUSE OF DEATH linter only one cours per for (e), (b) end (c CONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (b) geve rise to immediate causa DUE TO (a), stelling the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED AS AUTOPSY certificate S 0 PERFORMED? NO F 2De ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part or Pert I. of Item 18. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f. (City or town) (State (County) fectory, street, office bldg., etc.) While Not While el work al work D. In 21. I certify that (I) (this hospital) attended the deceased from . saw the deceased alive on.... 22b. DATE ATTENDING MED STAFF SIGNED PHYS. 22d ADDRESS 22e PHYSICIAN'S FUNER rector, p 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Baltimore County, Maryland 0 = 2 Waugh Chapel Buria: Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) · hur S. Thank Jenkins & Sons Co 4905 York Rd. DATE AND TO BE 15M 9/60 CAMEROL & PERMIT Balt. 12. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



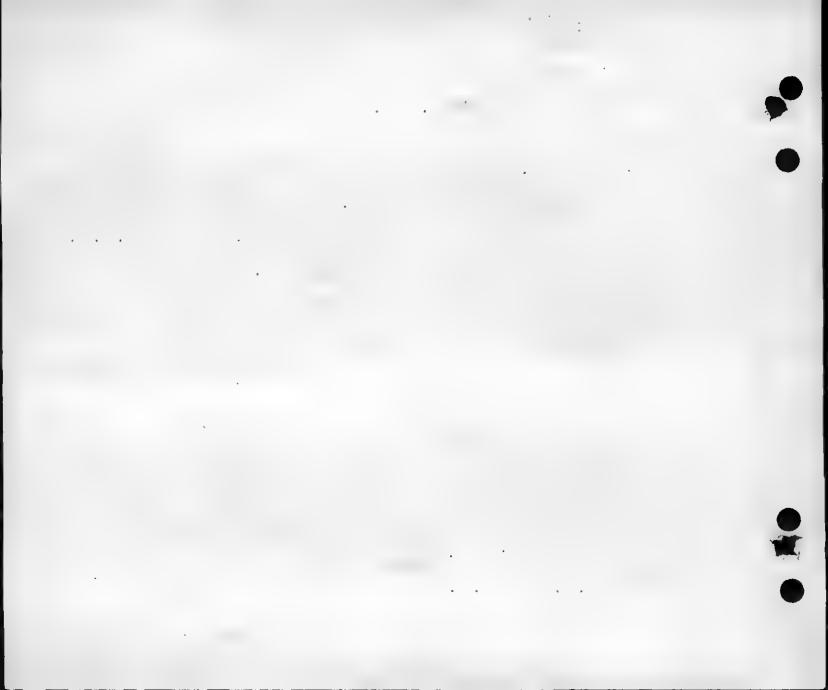
death

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



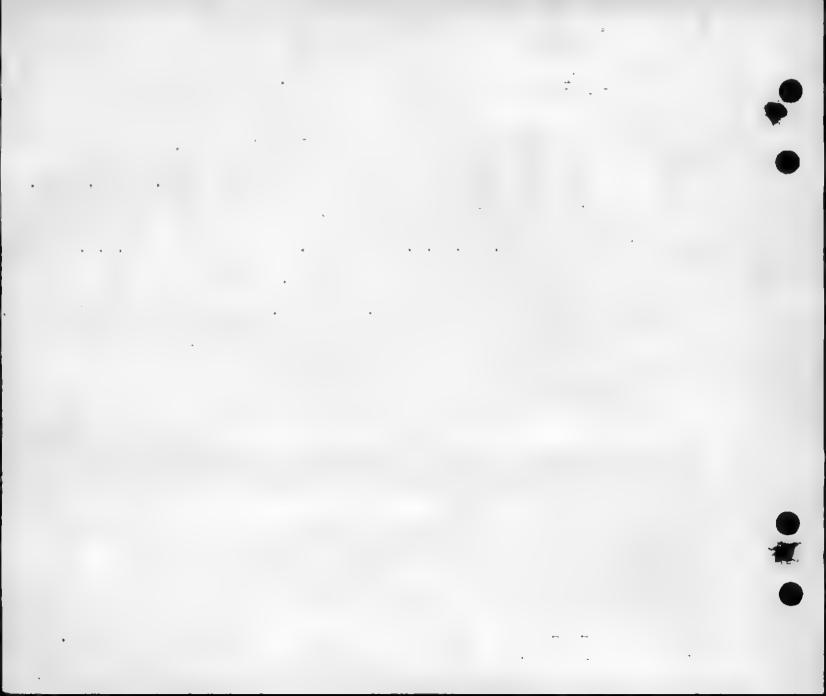
VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00323 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE **6 COUNTY** Baltimore MARYLAND Md. Baltimora b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town? 45 Days Randallstown Woodlawn d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE 411 OR INSTITUTION Alto Vista Ave.. Chapel Convalescent 1819 YES NOT 3 NAME OF First Middle 4. DATE Month Day Year Pages (Type or print) DEATH Edgar Westwood Poole 1962. Jan 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours White Male WIDOWED IT DIVORCED [ 92 5 1869 10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? puo Locomotive Engineer MA II.S.A after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Poole Marv M. Buxton move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) attending p 72 Navlor 1819 noAlto Vista Ave. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which te has been signed burial-transit permi gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 17 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Part III of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Month, 204 INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. Not while While of work of work 19 62 that I last saw the deceased 21. I certify that I attended the deceased frames alive on and that death accurred at 7.92 M, from the causes and an the date stated above. ADDRESS (Street, city or Jown, stote) DATE SIGNED ACTUAL SIGNATURE Ę, D PHYSICIAN'S NAME (Type) m 220 BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Burial 27 962 Montgomery Classettsville Md 0 **SUNERAL DIRECTOR'S SIGNATURE** 6 ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) JAN 2 9 160 15M 10/57



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0.0324

**CERTIFICATE OF DEATH** 

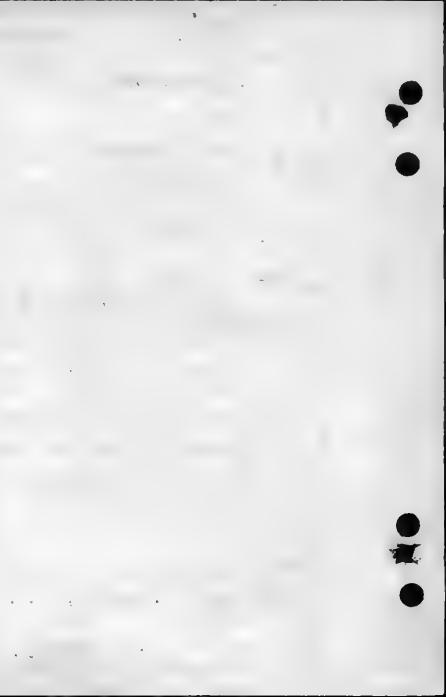
		ı	ł	t	1	3	2	
Reg.	Dist.	No.						•

o. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	ni Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	(RAL and give nearest town)
Retitution med Balla	5 7
d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS	. IS RESIDENCE
OR INSTITUTION BENT Nursing Home 2824 Prenting ST	ON A FARM?
3. NAME OF First Middle Lost 4. DATE Month	h Day Yeor
DECEASED OF	4 1962 19
5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH   9 AGE (In years)	IF UNDER TYEAR IF UNDER 24 HRS.
m e WIDOWED DIVORCED 11-9-92 lost birthdoy) 69 yrs.	Months Days Hours Min
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life_even_if retired)	12. CITIZEN OF WHAT COUNTRY?
none Ret	0.S.A.
13. FATHER'S NAME	
Sosh Prater Frances Carter	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [IV s. no. or unknown] [If yes, give wor or dates of service) 244-01-8923 A aluce Stone 2829 Pr	erstmance
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pneumonie (terminal)	ONSET AND DEATH
OUE TO	
conditions, if any, which ) Arteriosclerotic C.V. Disease with	vears
gove rise to immediate our common notification	3,042.0
coese (o), stoting the under-	
, (0)	N IN PART 1(a) 19, WAS ALTOPSY
CCATIC	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o	
21. I certify that I attended the deceased from January 8, 1962, to January 11, 1962	that Llast saw the deceased
alive on January 11th, 1962, and that death accurred at 5:30 Me from the causes or	
ADDRESS (Street, city or town, s	
SIGNATURE MARTIE & Strated M.D. 48 Main Street	1-15-62
PHYSICIAN'S NAME (Type) Martin E. Strobel. M.D. Reisterstown Baltin	noreCo. Marylan
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or FRENDVAL) Specify 4-18-62	(State)
235 FUNERAL/DIRECTOR'S SIGNATURE . 7 / (27 ADDRESS) 240 REC'D BY REGISTRAR 246 REGIST	TRAR'S SIGNATURE
iatur a manifestation of the control	7 -4 0 Arr
NUC 1979 0 8 337	Dotwo & House

may be hed the property of this certificate has been signed by the attending physician and completely filled by the page 3 should be accorded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be accorded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be accorded for use as the burial-transit and in any event within 72 haurs after death. may be ned a TO HOSP! VS A15 (II) 15M 9/SS

Page 4

G PHYSICIAN: The law requires that the death certificate be executed within 24



DIVISION OF STATISTICAL RESE			LTIMORE 1, MARYLAND
00325	CERTIFICAT	E OF DEATH	90322
1. PLACE OF DEATH •. COUNTY  Baltimore	MARYLAND	. STATE Maryland	ved, finstitutions Residence before admissions b. COUNTY
b. CITY OR TOWN (if ouls'de corporate , mits, write RJRAL and give nearest lown)  Fort Howard  d NAME OF HOSPITAL OR INSTITUTION (if not in h	51 Days ospital give street eddress	Baltimore  d. STREET ADDRESS	e. IS RES DENCE
Veterans Administration Ho 3. Name of Deceased	spital Middle	1416 Chesapeake Cour	Month Day Year
Type or print)  7. SEX  7. MARR  Negro  10e. USUAL OCCUPATION (G ve kind of york done during most of working fife, even if retired)	_	DATE OF BIRTH  19. AGE (lest b)  70	In years IF UNDER 1 YEAR IF UNDER 24 HRS. Thickey) Months Deys Hours Min  Yes.  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Hotel	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
Archibald C. Price  15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	S. SOCIAL SECURITY NO 17 I	Annie Salawhite	Address
18. CAUSE OF DEATH [Enter only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONG	r line for (e , (b), end (c) ,	n Rec VAH Baltimore N	d - Ft Howard Division
Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause lest.	RIOSCIEROTIC CA CHOPNEUMONIA DU -25-61 DITRIBUTING TO DEATH BUT NO	RDIOVASCULAR DISEASE E TO FRACTURE OF RIGHT T RELATED TO THE TERMINAL DISEASE CONDIT	YEARS HIP 12 DAYS ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Parkinson's Disease; seve  20a. ACCIDENT WAS UNDERLYING TO 2Db DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  S1	ipped and fell		nona-rectum L
Zoc. TIME OF INJURY Month, Dey, Yeer 20d Hour a.m. Wh		CE OF INJURY (Home, ferm 2Df. (City or town bry, street, office bldg, etc.)  OME  Baltimo	
21. I certify that 30 (this hospital) atters saw the deceased alive on Jan. 3,	nded the deceased from	Nov. 13, 27, 1961 to Jan death occured at p.M. from the	auses and on the date stated above
22e. PHYSICIAN'S NAME (Nype)		D. PHYS. DIRECTOR PHYS.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Ls, M.D.		- Ft Howard Division (C by, town or county) (State)
Burial  24 FUNERAL DIRECTOR'S SIGNATURE	Baltimore Nat 1800 Brantl	ey Ave 250. REC'D BY REGISTRAB 2	Maryland  25b. REGISTRAR'S SIGNATURE  CITCHIAN A. Triange
Elroy O Wilson Funeral Hom	e Baltimore 1		

on

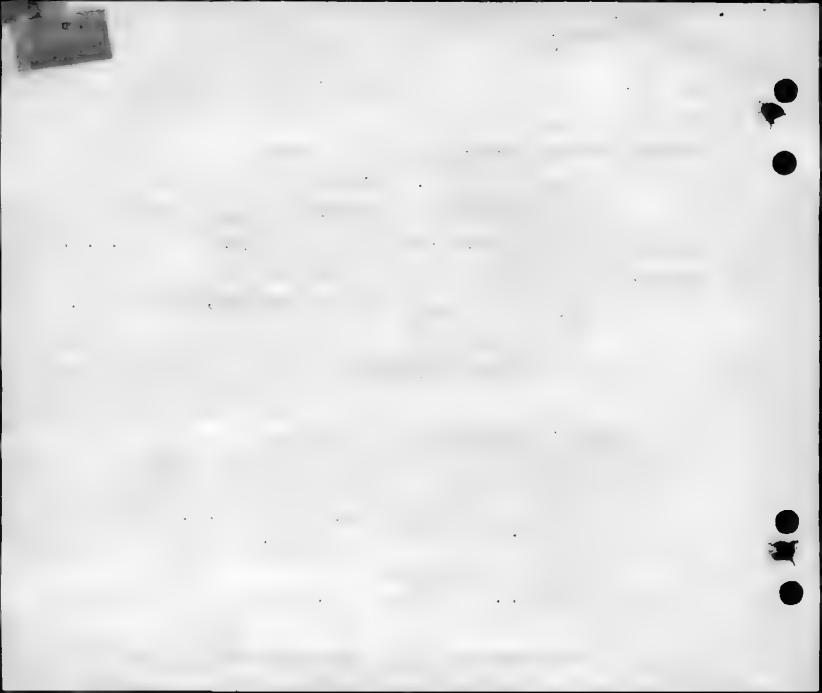


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence be 1. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corpora e limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) 14 Days Baltimore Fort Howard d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 402 Veterans Administration Hospital Jack Street YES NO X 3. NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH 19 62 PUTISCHKY January .TOHN 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Deys DIVORCED [ October 23,1917 Male White W DOWED TO 100. LSUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or fore an country! 12, CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Construction Brooklyn, Maryland U. S. A. Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie Gast John Putschky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Clinical Records, VAH, (Yas, no, or unkown) | (Ifyes give war or detes of service) BALTIMORE 18 MD. 217-09-5513 Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 WEEK HEPATIC COMA IMMEDIATE CAUSE (a) DUE TO 1 YEAR Conditions, if any, which TAENNEC'S CIRRHOSIS (b) gave rise to immedieta causa DUE TO (w), stating the underlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? 35 Operation 1/24/62: Tracheotomy BRONCHOPNEUMONIA NO X 2Db. DESCRIBE HOW NJURY OCCURED (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING CAUSE OF DEATH TOR: After this I be detached f 1 20d, INJURY OCCURRED | 2De. PLACE OF INJURY (Home farm, 2Df. (City or lown, (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg , etc.) While Not While Hour a.m. el work et work 1962 to Jan. 25 , 19 62 that 10 (we) last 21. I certify that (I) (this hospital) attended the deceased from. Jan. 11 saw the deceased alive on...Jan. 25. ....19.62., and that death occurred at .M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING STAFF D.RECTOR PHYS. X page 22d. ADDRESS Chief. Medical VAH.BALTIMORE 18 MD FT HOWARD DIVISION ector, Service 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) \$ d : p & 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

attending

FUNERAL

APVIAND STATE DEPARTMENT OF HEALTH



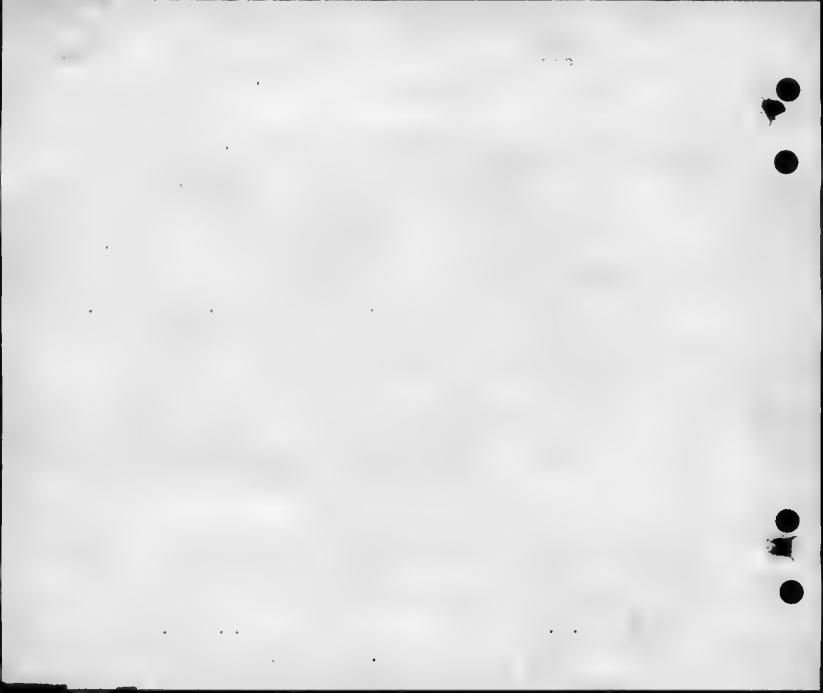
Balto 30 .d.

in your & Please

after Pages please <u>=</u> and and certifinate (I) R: After detached FUNERAL rector, page 3 filed with the rector, I 0:53 VR A15 (4) ISM 9/60

(4)

130 E Fort Ave



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmiss of a. COUNTY n. STATE **b.** COUNTY al timore Marvland MERYLAND b. CITY OR TOWN (if outside corporate I mils. c. CITY OR TOWN (If outs'de corporele limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest lown! Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) . IS RESIDENCE d STREET ADDRESS ON A FARM? Caton Ridge Nursing Home YES NO 208 South Eutaw Street 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Ramsev January 26, 1962 Howard carbon 16. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B DATE OF BATH IF JNDER 24 HRS. SEX 9. AGE (In years IF UNDER 1 YEAR last birthday) Months | Days and Hours Male DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work physician ove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 1 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired-Packing Shipping Department U. S. A. Macon. Georgia 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME J. W. Ramsey Annie Dewberry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (Ifyes give wer ardates of service) Reino E. Klippi-601 Wilson Ave- Balto. 24, Md. 260-03-2267 18. CAUSE OF DEATH (Enter only one cause per fine for (e), b) and (c) ) INTERVAL BETWEEN ONSET AND DEATH T Rentosio PART I. DEATH WAS CAUSED BY minou. IMMEDIATE CAUSE (a) DUE TO time solvelin Cardie Vasa Dise Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 116] 19. WAS AUTOPSY PERFORMED? 206. ACCIDENT WAS UNDERLY NG [] , 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert il of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f., City or town) 20c. TIME OF INJURY (County) (Stete) Month, Dey, Yeer factory, street, office bldg., atc.) Not While While at work at work ..... 1962, and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 162 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 \$ 3 Burial St. Peters Cemetery Baltimore Maryland 25s. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, if institutions Resid a COUNTY MARYLAND c. CITY OR TOWN (If outs de corporata limits, write RURAL end g.v. nocrest town) b. CITY OR TOWN (if outside corporals I mits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address a IS RESIDENCE ON A FARM? YES NO 3 NAME OF Y5 "1 M ddle 4 DATE DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months Deys physician 15. WAS DECEASED EVER IN U.S ARMED FORCES" (Yes, no, or uniown) | (Ifyes givewer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (a), steting the underlying causa lest PART II, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO [ 200. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert I of item 18 ) OF CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, form, 20f. (City or town, (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21 I certify that (I) (this hospital) attended the deceased from Dec. ...19. / , and that death occured at. F.M. from the causes and on the date stated above. saw the deceased alive on .... . .... 22b. DATE ATTENDING SIGNED DIRECTOR PHY5. O FUNERAL director, page PHYS. 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stara) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0.5% 24 FUNERAL DIRECTOR'S SIGNATURE BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



# STATE our files. - Page TO DE. IX M. (C. EXAMINER: This certificate should be executed within 24 haum after death, if delay isoplease execute its certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disk 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours are death.

VS. A1SME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00331 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1,	PLACE OF DEATH			ICE (Where decessed live		nce before edmission)
	Baltimore	MARYLAND	a, STATE Mary	land	COUNTY Bal	timore
	b. CITY OR TOWN (Journale corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits		
1	write RURAL and give neerest town) Lutherville	2 hrs.	Ruxton	4		
	d. NAME OF HOSP, TAL OF INSTITUTION (If not In he	spital, give street address)	d STREET ADDRESS			IS RESIDENCE
			1/06 No	1 4		ON A FARM?
3	319 Broadway Rd.	Middle	Last,	ywood Ave.	Month	YES NO K
	DECEASED	Fallon	_	OF	Month Day	
-			Ray	1	Jan. 27	19 62
] 3.	SEX 6. COLOR OR RACE 7, MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9, AGE (In last birth	dey) Months   Days	The State of
	Male , White   WIDOW		4-25-15		ALEP	770012
10 de	n. USUAL*OCCUPATION (G ve kind of work   10b.)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
		erican Oil Co.	Maryland		U.S.	A .
13	FATHER'S NAME		14. MOTHER'S MAIDEN		0,00	-
	Edward Ray		Doris Fall	on		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, 11	NFORMANT	Ã	ddress	-
(T	ves   (If yes give we ror detes of service)   Ves   WII	7-05-8251 Mrs	. Mary C.Ra	y,1406 Maywo	nod Ave. Ru	vton4 Md.
	18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b) and (c).	, y	Jy WO IIM JWC		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (a) COTO					NSET AND DEATH
		nery occiusion				10 min.
	DUE TO					
	Conditions, if erry, which (b) gove rise to immediate cause					
	(e), steting the undarlying DUE TO					
	cause lest. / (c)					-
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CO		RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
13	Bronchia	l Asthma				YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS 206. DESCRIPTION OF CONTRIBUTING	RIBE HOW INJURY OCCURED. (E)	nter neture of Injury in Pa	rt I or Part II of Item 18.)		
	CALISE OF DEATH	ne				
7		INJURY OCCURRED   20e, PLAC			(County)	(State)
MEDICAL	Hour e.m. none 19 af wo	a Not While no lectork none	ry, street, office bldg., et	none		
-	21. I certify that I took charge of the ren		d an Autopsy	Inspection X. In	nguiry [X], and	in my opinion
	death resulted from. Natural causes X			,		in in opinion
	Confi Cadio (Cit. ) Adid of Cadio (Cit.	, /(cc/doin, duc.	5 S CHIEF MEDICAL	_	10 manuful [	
	ACTUAL D. Z. Caple	D 196 199				
	N.DI CAT	17. 1	M.D.	DICAL EXAMINER		DATE SIGNED
	EXAMINER'S D. D. Caples, M	. D. 6 H		reisterstowe Reisterstowe	,Md.	1-29-62
224	BURIAL, CREMATION   22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	town, or country)	(State)
	Burial 1→30→62	Dulaney Valley	Memorial	Cockeysvil	le, Md.	
	FUNERAL DIRECTOR	ADDRESS -		C'D BY REGISTRAR   246.	REGISTRAR'S SIGNAT	URE
B	cooks Funeral Service, Inc.	., Towson 4, Md		AN 2 1 700		
[			1 DATE J	AN_3 1 '62	in 8 than	MA



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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) a. COUNTY ALTIMORE MERVIAND c. CITY OR TOWN (If outside corporete imits, write RURAL and give nearest lown) c LENGTH OF STAY N 16 b. CITY OR TOWN (if outside corporate im ts, write RURAL and give nearest town) 01501 NSVILLE d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street eddress) a. IS RESIDENCE ON A FARM? CHARNWOUD YES NO 3. NAME OF DECEASED DEATH (Type or print) and cor 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED last birthdey) Deys Months, WIDOWED IN DIVORCED 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) HOUSEKEERE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown), (If yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) **QUE TO** Conditions, if any, which geva rise to Immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Z 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. st work at work 7..... 19 = that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from And 3 19.C. / , and that death occured at City. M., from the causes and on the date stated above. saw the deceased alive on .... 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. PHY5. HOSPITAL Page 4 FUNERAL 22d. ADDRESS ATTSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b DATE THEREOF, REMOVAL (Specity) 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15 9/60





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence a. COUNTY **b.** COUNTY Baltimore au f Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) Rural - Holbrook Baltimore 7 4 Mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? Chapel Hill Convalescent Home 2533 Cedar Drive YES NO DO 3. NAME OF 4. DATE Month DECEMBED OF Mrs. Lydia Reichlin (Type or print) DEATH 13 19 62 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday] | Months | Days House 89 Female WIDOWED IC DIVORCED T March 6. 1872 10a. USUAL OCCUPATION (Give kind of work | 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife None Switzerland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Heinrich Rebsamen URKROWN Marie Gonzenbach 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 1 16. SOCIAL SECURITY NO. 17. INFORMANT 2533 Cedar Dr. (Yes, no, or unkown) | (If yes give war or detes of service) Mr. Werner Kloetzli. No None Baltimore 7. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mes IMMEDIATE CAUSE (e) 7 teno Selectu Couper Voscolar Disesse Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURED. Tenter nature of injury in Pert I or Pert I of item 18.) 2Da. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (State) 70c. TIME OF INJURY Month, Day, Yeer 20L (City or fown) (County) factory, street, office bldg., etc.) While Not While NED! et work et work 4 (3 , 19 6 That (1) (we) last 21. I certify that (I) (this hospitel) attended the deceased from.... 19. A. and that death occured at 50. M. from the causes and on the dete stated above. saw the deceased alive on 22b. DATE 22n. SIGNATURI SIGNED ATTENDING DIRECTOR PHYS PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type 4111 Liberty Heights Ave. Balto. 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Randalls town. Maryland Mt. Olive Cemetery Burial 1-16-62 25a. REC'D BY REGISTRAR | 25b. REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 8728 Eisberty Road Randallstown, Md. DATE IAN 1 7 '62 Outlant & Kaus

funeral

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Pue

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After this certificate he

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death. Page 4
TO FUNERAL
director, page
be file.

VR A15 (4) 15M 7/61

certificate be



### Division of STATISTICAL RES ALTIMORE 1, MARYLAND Where deceased lived, If Institution, Residence before edmission I. PLACE OF DEATH e. COUNTY Page dealth, b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs'de corporete lignis, c. LENGTH OF STAY IN 16 cite RURAL and give neerest lown) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital Book e. IS RESIDENCE 24 hours after death, if any delay re Pages 1, 2, and 3 to the funeral ON A FARM? refained State YES TO NO F NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH with 5. SEX 2 with s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours lest birthdey) WIDOWED [ DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) in pencil in Item 18. Give Pages pages 13. FATHER S NAME form PM3. This certificate should be executed within 1 16. SOCIAL SECURITY NO. 17. INFORMAN permit. (Yes, no, or unkown) | (Ifyesgive weror detes of service) Office along with burlal-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** removal. Conditions, if any, which (b) geve rise to immediate cause 40 DUE TO (e), stating the underlying 50 Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED. cremation, CERTIFICATION .8 cate, writing the word Medical should 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJULY OCCUPED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Chief ന age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour e.m. While et work et work please execute (C.C. Trificate, v 4 should be forwarded to the 5 FUNERAL DIRECTOR: P or its designated agent, prior prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection and in my opinion Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSIŜTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY Address (Street city, town, or county NAME (Type) 22e, BURIAL, CREMATION, 22b. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, precountry) BEMOVAL (Specify)

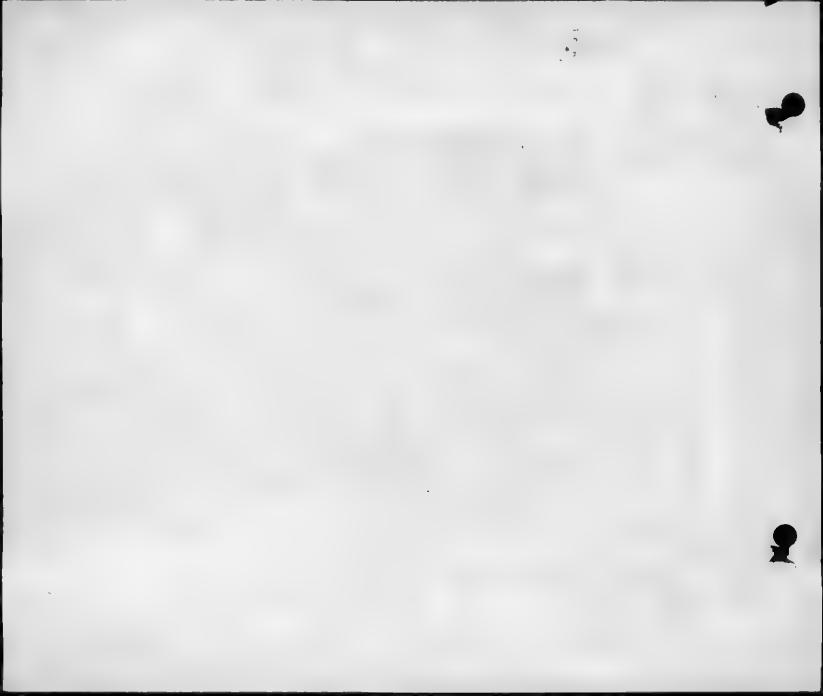
REC'D BY REGISTRAR I

24b. REGISTRAR'S SIGNATURE

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## FOR STATE HEALTH DEPT.

Health. age

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00335

Reg. Dist. No.

	1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased, ived, If institution- Residence before admission)
	O. COUNTY BALTIMORP MARYLAND	O. STATE MARY LAND B. COUNTY ELITERAL
	b CITY OR TOWN (1 outside corporate limits, write RUPAL ond give neutral fown)	c CITY OR TOWN ( f butside corporate l'mits, write RERAL and give nearest town)
l	Norwood	X Norwood
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	IN STREET ADDRESS
	6919 D.LVALE PLACE	6919 DALVALP PLACPIES NO II
	3. NAME OF DECEASED (Type or print) FD / TH	RICCI DATE Month Day Year OF TANUARY 23 1962
-	5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8	
	FPMALP White WIDOWED DIVORCED	FeB. 23 1903 58 yrs. Months Days Hours Min.
Ì	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	House wire Own Home	PROVIDENCE Rhode Island
Ì	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	?	7
ı	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	FORMANY Address
	[Yes, no, et unknown]   If yes, give war or dotes of service)	RS IRMA MALONY 6019 DeluaLAPLACA
Ì	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWIFN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY:	USEAS-
1	DUE TO	
4	Conditions, if any, which) [b]	
	gove rise to immediate cause	
	(a), stating the underlying (C) (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED TES NO NO
	206 DESCRIBE HOW INSTRY OCCURRED. (E)	noture of 'njury in Port I or Port II of item 18.)
1	CAUSE OF DEATH.	
1		E OF NJURY (Home, form, 120f. (City or fown) (County) (State)
	Hour e.m.  P. m.  19 at work at work	The state of the s
	21. I certify that I taak charge of the remains described above	re, held on Autopsy , Inspection L, Inquiry L, and in my
	opinion death resulted from. Natural causes . Accident	], Suicide [], Homicide [], Undetermined monner
ı	1 1 2 2 2 -	
	SIGNATURE A A A TO A CONTRACTOR	M.D. CHIEF MEDICAL EXAMINER   DATESIGNED
	1.5	ASSISTANT MEDICAL EXAMINER [] /25//-2
,	EXAMINER'S MID DAIS MID	DEPUTY MEDICAL EXAMINER
	220. BURIAL, CREMATION, 276 DATE THEREOF 224. NAME OF CEMETERY OR	CREMATORY 72d, LOCATION (City, town, or county) (Stote)
	KRIAL 1-27-1962 DACRED H.	PARTIMONS COUNTY, TARYLAND
ŀ	23. FUNERAL D RECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAYURE
1	LILLY + ZILER INC 1901 EASTORN AV.	PAU ( DATE IAN 26'62 ) AT S. Thomas

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certification in the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be forward. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FIMERAL MINECALMINE Page 3 should be ward as a burial-transit parmit. File pages 1 and 2 with the State Bor its Resignated agent, prior to burial, cremation, at marminal, and in any ment within 22 hours after death. DEPUTY MEDIC

VS A15ME

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 00336 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O. COUNTY BALTIMORE b. COUNTY / MARYLAND MARTLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate imits, write c LENGTH OF STAY IN 16 RURAL and give nearest lawn) d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OLD WORTH POINT OUD NOISTH POINT NAME OF DECEASED filled (Type ar print) 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years last brithday) IF UNDER I YEAR IF UNDER 24 HRS Months KLE WIDOWED 🔯 papers. 10a USUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) pup 13 FATHER'S NAME ARMED FORCES? 6826MRS ANNA SMITIT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." UMOR PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost CERTIFICATION 20g ACCIDENT WAS UNDERLYING THE OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, form | 20f. (City or fown) Day, Year 20d INJURY OCCURRED factory, street, affice bldg , etc.) Hour am, While Nat while

INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO (Stote) at work at work 21. I certify that I attended the deceased fram. \_\_\_\_, 19\_\_\_\_,that I last saw the deceased \_\_\_\_\_, and that death accurred at 540 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) OAR LAWIN CEMETERY COLLATE 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE FUNERALHOME - DUNDALN MD. DATE JAN 10'62

e 15 RESIDENCE

12 CITIZEN OF WHAT COUNTRY

ON A FARM?

YES | NO IN

Year

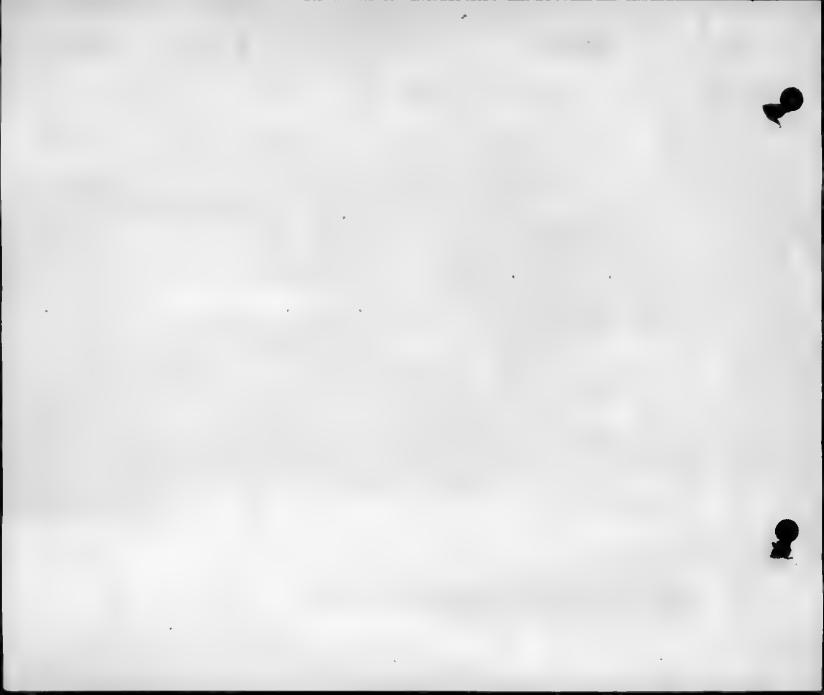
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TO FUNERAL DIREC page

VS A15 (4) 15M 9/58



Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) . COUNTY b. COLNTY e. STATE MARYLAND alto. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) Cwings Mills Reisterstown Board buld be executed within 24 hours after death, it any warn in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diffice along with form PM3. Page 5 may be retained for bearing with form PM3. Page 5 may be retained for bearing a pages 1 and 2 with the State Board within 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 208 Main Street 1116 Reisterstewn Road YES NO [ 3. NAME OF M.ddle 4. DATE DECEASED Patrand Roberts Jr. George DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 19. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) [ Months ] Male WIDOWED [ DIVORCED 32 yrs. eb. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY . 11. B RTHPLACE (State or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) West Varginia rechanice at Lowling 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Roberts Sr. Glavds Wade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Welen 1. Hoberts Twings "ills "d. 18. CAUSE OF DEATH | Inter only one cause per line for (a), (b), and (c), Office along Fractured Spull (autoaccident) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 16min DUE TO removal, Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), stating the underlying S (0) cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS AUTOPSY CERTIFICATION PERFORMED? icate, writing the word to the Chief Medical E Isour No 🔀 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neluse of injury in Pert I or Pert II of Hem 18.) PRIMARY A or CONTRIBUTING [ age 3 sho Month, Dey, Yeer 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 201. (City or town) fectory, street, office bldg., etc.) Not While Reistirstown, Ballo. el work at work an 131962 는 교 교 교 OR: lease execute I.M. A. Incale I should be forwarded to It but I should be forwarded to It but I should be forwarded to It but I should be forwarded agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion Accident X. Suicide Undetermined manner death resulted from: Natural causes . Homicide 1 CHIEF MEDICAL EXAMINER D. D. Caples ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, c'ty, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stelle) REMOVAL (Specify) D Trans all Linden. I.J. 240 p Rose Fil. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME JAN 1 6 '62 arthur & Heave J. J. Nine · Sons Reisterstown, I'd. 5M 7/59



TO HOSPITAR OF CITENDING ENTISION. The law requires that the death certificate be executed within cours after death. Page 4.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fille, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15/A 7,61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
00338 CERTIFICATE OF DEATH	35

2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, Il institution. Residence before admission)
1	a. COUNTY BALTIMERE MARYLAND . STATE M.D BALTIMORE
	b. CITY OR TOWN It outs de corporate limits, le LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAJ and give neerest lown BALTIMORE 3VII +
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospitel, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	SHADY NOOK CONVALESCENT HOME 5546 GNUNN CAK AVE YES NOW
	3 NAME OF Frst Middle Last 4. DATE Month Day Year
/	(Type or print) CAROLINE VIRGINIA ROBERTSON. DEATH JAN. 20, 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Ti WIDOWED DIVORCED JEPT, 16, 1879 82 vrs.
	10e USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
	HOUSE WIFE CHN HOME MD, U.S.A.
	13. FATHER'S NAME
	PHINNUS GETZENDANNER SARAH WEEKS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (Ifyosgrygwyrordatesofservice)  MRS HELEN G.ETZENDA NNER
	18. CAUSE OF DEATH [Enter only one cause per line for (*), b), and (c).]
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0) [CV] this wife C. U. aleany
	DUE TO
	Conditions, if eny, which (b) Julianus (c)
	(a), sleting the underlying DUE TO
	La contraction of the contractio
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.
	20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH U [IF EITHER, NOTIFY MEDICAL EXAMINER]
	OR CONTRIBUTING [] CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]
	20c. TIME OF NJURY Month, Dey, Yee: 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., City or town) (County) (Stele, Hour m.m. White Not White et work at w
	Hour w.m. While et work at work at work
	21. I certify that (I) (this hospital) attended the deceased from further, 1961, to fam. 20, 1962 That (I) (we) last
	saw the deceased alive on 1962 and that deeth occured et
	22e. SIGNATURE De prime Laughlen ATTENDING MED STAFF S GNED
	M.D. Initial Education in the Control of the Contro
	PHYSICIAN'S NAME (Type) D. C. MacLaughlin, 'I.D. 4508 Edwonden Willow
	238. BUR.AL, CREMAT ON., 23b. DATE THEREOF   23c. NAME OF CEMETERY ON CREMATORY   23d. LOCATION (City, town or county) (Steta)
	REMOVAL (Specify) 1/22/67 NEW CATHERDAY RALTA, M.D.
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   258. REGISTRAR   256. REGISTRAR'S SIGNATURE
	WITH F 4101 EDMONDSON AUE, IDATE JAN 23'62 L A & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND WALLEY FAREST N b. CITY OR TOWN (if outs de corporete límits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) write RURAL end give neerest town) Dundalk Dundalk d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . 15 RESIDENCE ON A FARM? 1804 Maxwell Ave. YES NO X 1804 Maxwell 3. NAME OF DECEASED (Type or print) DEATH January 19 62. FRANCES RODENBERG 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years HE JNDER 1 YEAR, IF UNDER 24 HRS. B. DATE OF BRTH last birthdey) Months Hours Female WIDOWED X 2.1884 DIVORCED August 10a. USUAL OCCUPATION (Give kind of work 110b, KIND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) House Work. U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferdinand Dahms Alvina 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURTY NO 17. INFORMANT Address (Yas, ng, or unkown) | (If yes give we rordales of service Elizabeth Fritz Same. 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN MMED ATE CAUSE (e) ear Deslane geve rise to Immediate ceuse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO [ 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Port I or Port I of Item 18 )
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 2Dc. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 201, (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work to 1-15-6 2 19 ... that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. , and that death occurred at 2:00M, from the causes and on the date stated above saw the deceased alive on.... 27a. SIGNATURE SIGNED ATTENDING JO HOSPITAL death, Page 4 TO FUNERAL I director, par-DIRECTOR PHYS. 22d. ADDRESS 22c PHYS CIAN'S NAME (Type 23d. LOCATION (C M, town or county) 23a. BURIAL, CREMATION, 1 23b. 1 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

and

physician

VR A15 (4) 15M 9/60

Car



p. STATE

roge 4	the troi director, show 3 be filed with	N
orrer o	the shou	. 2

in by and 2

completely

puo 2

physician

attending

PLACE OF DEATH o. COUNTY Paltimore b CITY OR TOWN (If outside corporate limits, write

MARYLAND

c LENGTH OF STAY IN 1b

USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) **b** COUNTY

c. C.TY OR TOWN (If outside corporate limits, write RURA), and give nearest town)

DATE OF DEATH

RURAL and give recrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

GIZILIE NEINE / BUIL O Baltimore 2 IS RESIDENCE ON A FARM?

Mt. Wilson State Hospital NAME OF DECEASED (Type or print)

Middle Blanch 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T

9 AGE (In years

Months

1962 IF UNDER 1 YEAR IF UNDER 24 HRS

YES 🗍 NO 🔯

100 USJA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired)

DIVORCED [

12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME

S SEX

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]

WIDOWED M

16. SOCIAL SECURITY NO.

17 INFORMANI

lost birthdoy)

80

Tils n Othle Most INTERVAL BETWEEN ONSET AND DEATH

I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** 

dial Infarction

Dona

clerotic Heart Disease

Conditions, if ony, which gove rise to immediate couse (o), stoting the underying couse lost

**DUE TO** 

PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IMPART 1(0) 19 WAS AUTOPSY

PERFORMED? YES NO DE

200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY

Doy, Year 20d INJURY OCCURRED While Not while

20e PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg , etc.)

(County) (Stote)

21 | certify that (1) (this haspital) attended the deceased from.

of work of work

nondru 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)

1962, and that death accurred at 5 M, from the causes and on the date stated above.

1962, that (1) (we) last

saw the deceased alive an. 22o. SIGNATURE

22c PHYSICIAN'S

Hour o.m.

ATTENDING PHYS M.D 22d. ADDRESS

R	STAFF	

23d LOCATION (City, town, or county)

(Stote)

NAME (Type) Metico ser 236. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

merintend int

250. REC'D BY REGISTRAR

DIRECTO

25b. REGISTRAR'S S GNATURE

24 FUNERAL DIRECTOR S SIGNATURE

Centhury S. Tenus

been signed betrait. emation, O FUNERAL DIRECTOR OF PROPERTY o

15M 9/59

By Phone : 3/1/62

Res. should actually be Monty. Co. since they have the tbc. case.

B. City refused to accept the death as a City resident.

The City address was from a ques to the Asbury Home.

A open will be sent to monty. . E.

1+5. 3/16 2



# AND CIAN OR HOSPITAL: The law requires that the death certificate be executed with any be retained by the hospital or attending physician.

CERT	FICA	TE	OF	DEA	TH
AF14 1 1		<b>4</b> II II.	VI	VEA	

of this	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	•
th. Afte	CERTIFICATE	OF DEATH	60,237
- P 72	00341	Reg	. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DEC	CEASED
90 The	COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY	
director,	CITY (II outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN Purity (in this place)	CITY (II outside corporete limits, write RURAL and OR TOWN	give nearest fown)
	HOSPITAL OR INSTITUTION OR 3310 WILLOUGH BY ROAD	STREET ADDRESS 4 I ADDRESS 3310 WILLOUGH B4	location)
within funeral	3. NAME OF (First) (Middle)	(Last) 4 DATE (Month)	(Day) (Year)
	(Type or Print) LULA- E. ROLL'	SON DEATH JA	N. 3- 62.
Žà,	RACE A WIDOWED, DIVORCED.		IF UNDER 1 YEAR   IF UNDER 24 HRS. Months   Days   Hours   Min.
a.c.	100. USUAL OCCUPATION (GIVE Kind of work 10b. KIND OF BUSINESS	111 BIRTHPLACE (State or loreign county)	12. CITIZEN OF WHAT
with filled rmit.	done during most of working life, even il (relired) / O USE WIFE	MARUL AND	COUNTRY
od *	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.4
ate be lied with completally fille if transit permit.	GEORGE F. AWERS	Not Thousen.	. vii
cate b comp ial tra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no/or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS 33	lowilloughby Ro
tilicat ad co	NO 1 1/53057970	EARL V. Moldison	14
7 5 -	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
ess es	IMMEDIATE CAUSE (A) Linebal he	montrage	minela
o de chys us m	ANTECEDENT CAUSE(S) DUE TO		15 40-
	DISEASES OR CONDITIONS, IF ANY, (B) Chy fleckling GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
uires the	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
6.0	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
ا ≏ي≰ ا	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
- 5	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, Ierm, lactory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or lown)	(County) (State)
COR:		211. HOW DID INJURY OCCUR?	
IRECT been besn besn besn c	22. I hereby certify that I attended the deceased from	19 57 to Jan. 1962	, that I last saw the deceased
5 0 0 °	alive on Alc 27, 19 6/ and that death occurred at.	#30.P.M. from the causes and on the da	
# S X	SIGNATURE 1. 1	ADDRESS (Street, city, town,	
fical h cer 1-55 te	/Hellion pere, M.O.	SIUDIFACTOR Md. Ball	514 ked. 1/4/62
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR Jan 6-1962		4 4 4
	DUKIAL, Parkwood	Baltimor	7.
- ×s	WHAT I	25 FUNERAL DIRECTOR'S SIGNATURE	32072 Northe
	DATE JEN 5 '62		/



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

00342

CERTIFICATE OF DEATH

0.0333

				TI					1 6 1 1 1
a. COUNTY			MARYL	TI.	USUAL RESIDENCE (V		lived. If instituti b. COUNTY		
	altimore	. '	,			rland			imore
RURAL and give		IS, WITTE	c. LENGTH OF STAY II	,	c, CITY OR TOWN (II	_		UKAL ond giv	re nearest town)
	onsville		ll yrs.		1	Catons	ville		
d NAME OF HOS	SPITAL (If not in hospital, g	ive street :	address)	11	d STREET ADDRESS				e IS RESID
	628 Inglesi	de Av	renue		628 Ir	ngleside	Avenue		YES D
. NAME OF DECEASED	Fir	31	Middle		Lost	4. DATE OF	Mon	nth	Day Yes
(Type or print)	Margar	et E	lizabeth F	Rumuly	7	DEATH	Ja	an, lst	
SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIE	B. D	DATE OF BIRTH	9	last birthday)		YEAR IF UNDER
Female	Whit e	WIDOWE	D DIVORCED		May 28, 194	13	18 yrs		710015
0a USUAL OCCUPA	TION (Give kind of work) rorking life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Sta	ite ar fareign cou	atry)	12 CITIZE	EN OF WHAT CO
Nurses	s Aid	Ke	swick Home		Maryl	land		U.	. S. A
3. FATHER'S NAME				1	14 MOTHER'S MAIDEN	NAME			
	Unkn	own			Eli	zabeth	Margaret	t?	
S. WAS DECEASED E			SOCIAL SECURITY NO	17 INFO	RMANT		Add	ress	
NO No. or unknown)	( f yes, give war or dates of s	22	0-40-1603	Mrs	. John Sche	ne 628	Inglesia	arra af	
	DEATH LENter only one con DEATH WAS CAUSED BY IMMEDIATE CAUSE (or DUE TO	10	pe for (a), (b), and (a)	ar 8-	ree ta	elur	_		ONSET AND O
Conditions, if gove rise to couse (a), statu ly ng couse los	DEATH WAS CALSED BY MMEDIATE CAUSE (a DUE TO feny, which immediate and the under DUE TO	, de	rute At	la. Yu	es as 1.				ONSET AND O
Conditions, if gove rise to couse (a), statully ng cause los on the course to couse (b). The course to couse (c) and the course to cours	DEATH WAS CAUSED BY MMEDIATE CAUSE (a  DUE TO  fony, which immediate ng the under st. (c  OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DITIONS C	RULE AT	TH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	VEN IN PART	ONSET AND O
Conditions, if gove rise to couse (a), statully ag couse los PART II CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTION OF CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTION OR CONTRIBUTION OR CON	DEATH WAS CALSED BY MMEDIATE CAUSE (or DUE TO f ony, which in immediate ng the under st. OTHER SIGNIFICANT CON WAS UNDERLYING  TO CAUSE OF DEATH IFY MEDICAL EXAMINER)  LURY Month, Day, Ye- m.	DITIONS C	CRIBE HOW INJURY OCURRED	TH BUT NO	Enter nature of injury in the control of INJURY (Home, for y, street, office bldg., e	IMINAL DISEASE IN Part I or Part I o	CONDITION GIV	VEN IN PART	/ WAS ALL PERFORM
PART II. Conditions, if gove rise to couse (a), stantly ng cause lost lying lying labeled ly	DEATH WAS CALSED BY MMEDIATE CAUSE (or DUE TO f ony, which in immediate ng the under st. OTHER SIGNIFICANT CON WAS UNDERLYING  TO CAUSE OF DEATH IFY MEDICAL EXAMINER)  LURY Month, Day, Ye- m.	DITIONS C	CRIBE HOW INJURY OF	TH BUT NO	Enter nature of injury in the street of the	minal Disease in Part I or Part  orm, 20f (City of to)	CONDITION GIV	(Co	ONSET AND ON SET AND O
Canditions, if gove rise to couse (a), statully ng cause los PART II CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTICE)  20c. TIME OF IN. Hour a. n. p. n. 21   certify the contribution of the countries of the contribution of the	DEATH WAS CAUSED BY MMEDIATE CAUSE (a  DUE TO  fony, which immediate immediate of the yader st.  (c) OTHER SIGNIFICANT CON  WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)  .URY Manth, Day, Ye- m.  19	DITIONS C	CRIBE HOW INJURY OF	TH BUT NO	Enter nature of injury in the street of the	minal Disease in Part I or Part  orm, 20f (City of to)	CONDITION GIV	(Co	ONSET AND ON SET AND O
Canditions, if gove rise to couse (a), statully ng cause los Part II Con Contribution of Contribution (IF EITHER, NOTION Hour a. m. p. m. 21   certify f	DEATH WAS CALSED BY MMEDIATE CAUSE (a  DUE TO  fony, which immediate ng the under  st.  OTHER SIGNIFICANT CON  WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)  JURY Manth, Day, Ye m.  19  that (1) (this haspitar eased alive an	DITIONS C	CRIBE HOW INJURY OF	TH BUT NO	Enter nature of injury in the accurred at 7	minal Disease in Part I or Part  orm, 20f (City of to)	CONDITION GIV	(Co	ONSET AND ON SET AND O
Canditions, if gove rise to couse (a), statully ng cause los PART II CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTICE)  20c. TIME OF IN., Hour a. m. p. m. 21   certify the saw the december of the countribution of the cou	DEATH WAS CALSED BY IMMEDIATE CAUSE (or DUE TO f ony, which in immediate ng the under st. OTHER SIGNIFICANT CON WAS UNDERLYING  TO CAUSE OF DEATH IFY MEDICAL EXAMINER) URY Month, Day, Ye m. 19 that (1) (this haspital	DITIONS C	CRIBE HOW INJURY OF	COURRED. (I  20e PLACE factory  fram	Enter nature of injury is  Of INJURY (Home, for y, street, office bidg., etc.)  Ith accurred at 7  ATTENDING PHYS  22d APPRESS M	minal Disease in Part I or Part I orm, 20f (City of etc.)  MED	or town)  To causes or STAFF PHYS	(Co	ONSET AND ON SET AND O
Canditions, if gave rise to couse (a), status ly ng cause loss to couse (b). Status ly ng cause loss to couse (c). Status ly ng cause loss to couse (b). Part II CON CONTRIBUTION (IF EITHER, NOTION Hour a.m. p. n. 21   certify the saw the dece 220 SGNATURE 22c PHYSICIAN 22c PHYSICIA	DEATH WAS CALSED BY MMEDIATE CAUSE (a  DUE TO  f ony, which in mediate ng the under  St.  OTHER SIGNIFICANT CON  WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)  LURY Month, Day, Ye m.  19  That (1) (this haspitate eased alive an  S e)  TION 23b DATE THEREC	DITIONS C  20b DESC  While at war!	CRIBE HOW INJURY OF	TH BUT NO COURRED. (16 20e PLACE factor) framA that deal	Enter noture of injury in the accurred of ATTENDING PHYS  PATENDING PHYS  PATENDING PHYS  PATENDING PHYS  PATENDING PHYS  PHYS  PATENDING PHYS	minal Disease in Part I or Part in Part	or town)  To causes or STAFF PHYS	(Co	ONSET AND ON SET AND O

TO HOSPITAL OR ATTEXTICE TO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

il director, filed with

Page 4



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 2 Film G305 1/18/62 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND Maryland c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) b CITY OR TOWN ( foutside corporata lim is, E. LENGTH OF STAY IN 1b write RURAL and give nearast town). Baltimore 28 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE rederick Rd. ON A FARM? YES NO €0€ NAME OF Middle DECEASED (Type or print) DEATH and con 9. AGE (in yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED TO last bighday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratired) Homemaker etimore 13. FATHER'S NAME 1 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (Ifyasg:vawarordatesofservica) Mr. Gustav H. Ruppersberger-5517 Roland Atye 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) terisolerobe Heart Direne DUE TO gava rise to immadiata causa. DUE TO (a), slating the undarlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OF CURED , Enter nature of injury in Part 1 or Part 1 of Itam 18 ) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) Month, Day, Yaar (County) (State) 20c. TIME OF INJURY While factory, streat, office bldg., etc.) \_Not While Hour a.m. al work at work OR: 21. I certify that (1) (this hospital) attended the deceased from segretures 1958 to Churchy. 13, 1963 that (I) (we) last 62 and that death occurred at 3:30 M, from the causes and on the date stated above saw the deceased alive on 3 GNED 22b, DATE 22a. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN 4812 REDERICK rector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) OL 1-16-62 oudon Park Cemetery Baltimore, Maryland 25a, REC'D BY REGISTRAR . 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) MAN 1 5 '52 15M 9/60



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	00345	CERTIFICA	ATE OF DEATH	l R	eg. Dist. No. 111342
1	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution b. COUNTY	Residence before admission)  Baltimore
	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Randallstown	c. LENGTH OF STAY IN 16		ulside corporate limits, write RURA timore	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3630 Coronado Rd	_	d. street address	nado Rd.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) WILLIAM	Middle SALGANIK	Last	4. DATE Month of DEATH 1/11/62	Day Year
5.	SEX   6 COLOR OR RACE   7 MARI Male   White   widow	The state of the s	B DATE OF BIRTH Oct 13. 190	lost birthdoy) M	UNDER TYEAR IF UNDER 24 HRS. Ionths Days Hours Min.
.10	d. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman	Jewelery	Phila,	Pa.	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME  Gershon Salganik		14. MOTHER'S MAIDEN N	Richmond	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) [16 year give wor or defeat of service) NO [2]		nformant rs. Mollie	Address Salganik Sa	
	PART I. DEATH (Enter only one couse par li  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, IT any, which gove rise to immediate couse (o), stoling the under- lying couse lost.  [c]	ne for (o), (b), and (c)]  cute process  terrollook	adid inf	nula disi	interval between onset and death 3 days
CERTIFICATION	PART TO THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given	N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20g ACC DENT WAS UNDERLYING 20b DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of item 18 )	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d i Hour a. m. While p. m. 19 of wor	Not while for	ACE OF INJURY (Home, form, clary, street, office bldg., etc.		(County) (State)
	21. I certify that I attended the decease alive on 196  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  6514	7	M.D. 6512 Li	/	at I last saw the deceased an the date stated abave, te) DATE SIGNED
722 F	BURIAL (Specify)  BURIAL (Specify)  1/12/62	Baltimore I		22d location (City, town, or c Baltimore	

Baltimore Hebrew

6010 Reist Rd

24d. REC'D BY REGISTRAR DATE JAN 1 7 '62

Baltimore, Md.

ISTRAR 246. REGISTRAR'S SIGNATURE

Cathung & Kung

may be retained the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pagers, the registrar prior ta burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/58

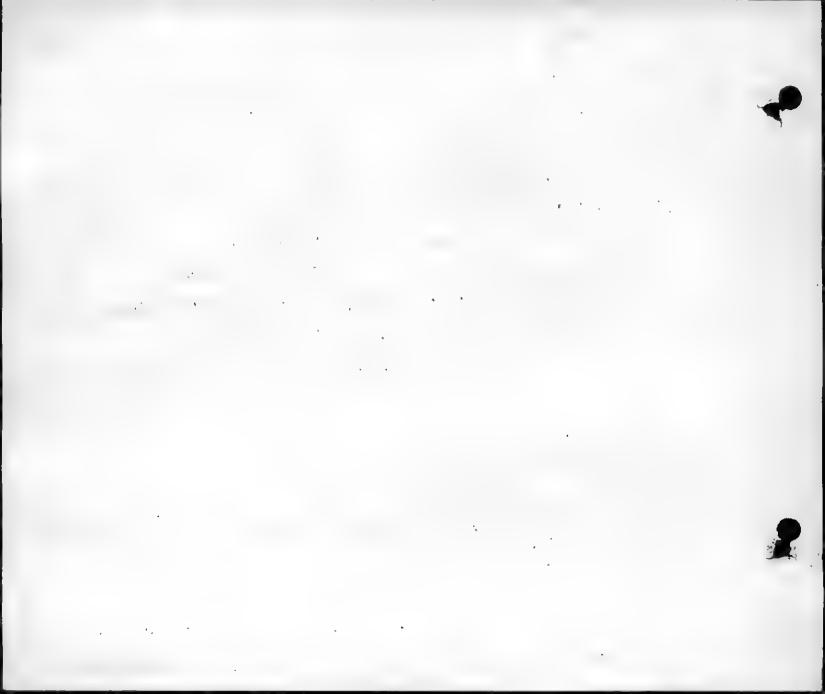
SOL LEVINSON & BROS INC

23 FUNERAL DIRECTOR'S SIGNATURE

eral director, be filed with

and completely filled in by the iban papers. Pages 1 and 2 shauld

FITYSICIAN: The law Equires that the leath certificate be executed within 24 haurs aft



papers.

OVE

pue carp

Bu

CIOR

certificate physician LARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY c CIY OR TOWN (If outside corporele I m ts, write RURAL end giv - nearest town) b. CITY OR TOWN (if outside carparete limits. e. LENGTH OF STAY IN 16 write RURAL and give neerest town) Parkville 34 d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION of not in hospitel, a ve street address: IS RESIDENCE ON A FARM? ( Ver reen Uriva verereen unive YES [ I NO IT 3. NAME OF DATE DECEASED OF January (Typa or print) DEATH 6 COLOR OR RACE T MARRIED TI NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR lest birthdey] Months white WIDOWED Fix DIVORCED [ ] 10-0 JSEAL OCCUPATION (Give kind of work physician , 10b. KIND OF BUSINESS OR NOUSTRY 11. foreig country) done during most of working life, even if relired) i lousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Marie Mic Dermott WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1, INFORMANT Address (Yes, no, or unkown) ((Ifyesqivewerordatesofservice) 11rs. Norman tiller 0225 over reen duve. 1B. CAUSE OF DEATH [Enter only one couse per line for (e (b), end (c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) dio vorsenter dis DUE TO Conditions, if any, which geva rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLY NO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of snjury in Pert II or Pert III of item 18., (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town, (County) (State) factory, street, office bldg., etc.) While \_Not While et work at work 21. I certify that () (this hospital) attended the deceased from... 3.29...... 1946 to CTO saw the deceased alive on, 1-18 22b. DATE 22a. SIGNATURE ATTENDING S GNED PHYS DIRECTOR PHY5. O HOSPITAL death, Page 4 O FUNERAL 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)/ 0.4 Vak Lawn i emetery Durial 25a, REC'D BY REGISTRAR , 25b. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Harrord Koad #14 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) B. COUNTY files." Hea.th, b. COUNTY Maryland Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete .im'ts, c, LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Write RURAL and give neerest lown)
Catonsville , 0 3mthl7dvs Pikesville, Maryland for you Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ior d. STREET ADDRESS s 1, 2, and 3 to the funeral cage 5 may be retained for 1 and 2 with the State Boar 72 hours after death. a. IS RESIDENCE ON A FARM? 105 Colby Road JI'A E HO PITAL YES NO 3. NAME OF M ddle 4. DATE Month Year DECEASED Kathryn Sermitt (Type or print) N. DEATH Janua ry 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRED S SEX 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR HE UNDER 24 HRS. last birthday) Hours female WIDOWED IX DIVORCED I Dec. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stelle or fore an country) 12. CITIZEN OF WHAT COUNTRY? Раде done during most of working life, even if retired) U. S. A. Pennsilvania housewife pages I within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Nicholas Borzner Mary Yerg Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) ( (If yes give wer or detes of service) Records: SPRING STA E HCS. I TAL un mown GRO TE unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Old and new subdural hematomas in pencil IMMEDIATE CAUSE (e) DUE TO removal, Frequent falls Conditions, if any, which (6) geve rise to immediate cause "pending" DUE TO (a), slating the underlying Old age and senility cause lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? certificate, writing the word of forwarded to the Chief mean AL DIRECTOR. Page 3 should be a night to build, crema CHE PAGI antery oscieto 57 5
1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) Pt. IJI. getting (ut Medical 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING [] bed on 11-7-ol and sustained hematoma in the occipital region h small abrasion. 20c. TIME OF INJURY Month, Day, 20f. (City or lown) (State) fectory, street, office bldg , etc.) Not While el work el work Catensville 28. hospital 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection ... Inquiry V. and in my opinion Accident / Suicide . Undetermined manner death resulted from: Natural causes Homicide 1 CHIEF MEDICAL EXAMINER lease execute 752 should be forwar PUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TX DEPUTY EXAMINER'S NAME (Type) Address (Street, c'ty, town, or county) please 4 shoul PURIAL, CREMATION, 226. DAT 22d, LOCATION (City, town, or country) (State) 24e REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilling S. Misua DAMIN 4 5M 7/59



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and combien	e carbon paper:	Fritin 72
physician	гето	emoval, and in any event
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The arr	if. The	етома

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00350

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I yed, If institution; Residence before admission)
Raltimore Maryland	a. STATE I Tyland b. COUNTY Charles Co.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town)	
Catonsville 7yr9rth23dy3	Telcome, i ryland
d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
37RJ TO CROWN, CIT IT TO CALL TO	Uve ( AE2 □ NO □
3. NAME OF First Middle DECEASED	Last 4, DATE Month Day Year OF
(Type or print) Partie (.17.11.71.)	Joott DEATH January 9 19 62
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	Oct. 15. 1876   lest birthday   Months Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working I te, even if retired)  he usewife A 10me	1. rvland U. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vemon R. Scott	Mary Clara Mattingly
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	INFORMANT Address
	cords: AR G GROVE OF 3 BOLLT I
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovasculor co	
433 DUE TO	-
/ Day St. 7 "	c-rolovascolar disease
gava rise to immediate causa	C. # Crit O. A. D. et al. (T. L.) T WHIT DON'T & M.
(a), stating the underlying DUE TO	The state of the s
cause last, (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
<u></u>	YES NO XI
208. ACCIDENT WAS UNDERLYING [ 70b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [ CAUSE OF DEATH ]	(Enter nature of injury in Part I or Part II of Itam 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour s.m. While Not While st work	ory, street, office bldg., etc.)
	March 16, 1953 to Jan. 9 , 19.62, that (5) (we) last
21. I certify that (K) (this hospital) attended the deceased from.	[]# 3[]
	death occured at
228. SIGNATURE	ATTENDING MED. STAFF
Sulla Vaclister "	OOT APPORTS
PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	OLITICA CUE AT 2111 ILC 1711
	Gatonsville 28, maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
3 iria1 1/12/1962   3t. Ignatiu	s liarch Demotory, Till Pay, Yarylana
24 FUNDAL DIRECTOR SUSTEMATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE
ir irt ineral les Ine	DATE CILLIA & Trace
The state of the s	





MARYLAND STATE DEPARTMENT OF HEALTH

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		ME OF DECEA or Print)								2.	DATE OF DEATH		
	11) ba	or riving		KATHERI	NE	A.C	LARK SH	EES	RLEY		1/20/6		
ľ	3. PL	ACE OF D	EATH IN	BALTIMORE	, MA	RYLAN	D ,		4. USUAL RESIDENCE (	Where deceased I B. COUNTY	ved. If inst lutio	n residence before	odmission)
ı			/	NURSPITATOR KISTI	772	· la	and til		Maryland		15 N	111	
1		SPITAL OR	ADDRESS	NEHOSPITACIÓR INSTI OR LOCATION)	TUTION, C	SIVE STREET			c. CITY OR TOWN		outside city limi	ts, write RURAL and	give lownship)
		TUTION									18. Md.	,	
-		M	ierv	Villa					Baltimor			ave leasting)	
									D. STREET ADDRESS	ol2 Wcod	mont av	( : 4 / A / / /	
		<u>E</u>		na Avei		_			Metcy/Ni				
	5. SEX	(	6. COLOR	OR RACE		NGLE, M	ARRIED, DIVQRCED (Speci	5v)	8. DATE OF BIRTH	9. AGE (	n years thday)	1	Under 24 Hours
	Fer	nale	Whi	te	W	Ldow	ed	.,,	9/18/1880	81		Months Days	fours Min.
	10.A	USUAL OC	CUPATION	(Give kind of			BUSINESS OR IND	USTRY	11. BIRTHPLACE (State o	r foreign country)		12. CITIZEN OF	
	work d	lone during	most of wo	Give kind of rking life, even								WHAT COUNTRY	7
	101711	none							Baltimor	re, Md.			
	13, FA	THER'S NAM	E						14. MOTHER'S MAIDEN	NAME	1.		
}		141	· Us	c ( )	10	v			1 40,10	24	1/200		
	3.5 10/	Danson I	Francis II S	. Armed Forces?	41	) 1	6. SOCIAL		17. INFORMANT	CINE	<u> </u>	ADDRESS	
	(Yes, no	or unknown)	{If yes,	give war ar date:	of serv	ice)	SECURITY NO.		Tr. IIII O MINICIPALITA				
	no	7		440			_		Mr. J.N.F	1vnn-5.	516 Woo	dmont A	ve.12
						2 .	C	AUSE	OF DEATH			INTERVAL ONSET AN	BETWEEN
				I		4						ONSEI AN	ID DEATH
				IDITION DIRE	CTLY		(A)	Bron	cho pneumoni	а		4 da	ys
	p	This does no	t meon t	ne mode of dy	ing, e	9.,	DUE TO						
	1 17	ieort foilure. njury or co	mplication	ne mode of dy stc. It meons the which coused	deat	ie. h.)						_	
		ANTECEDENT CAUSES (B) Arte			Arte	erioscerotic	cardio v	ascular	5 yea	ars			
	l r			TIONS, IF ANY	GIVIN	IG.	DUE T	0 0	disease				
	R	ISE TO THE	ABOVE 0	CAUSE (A) STAT	ING T	HE						-	
	Z	INDERLYING	G CONDI	TION LAST.			(C)						
	ATION												
	2 0	THER SIGNIF	ICANT CO	IDITIONS CON	TRIBUT	ING							
	띋	O THE D	EATH BE	IT NOT RELAT	ED TO	THE							
	o: ∟				A DAT	5 OF OPE	RATION *	1	9s. CONDITION FOR WHILE	CH OPERATION		20. AUTOPSI	7
	0 5	AUSE OF DE	ATH, ENTER	IN	7A- WAI	t or of t	ACTION .	Ŵ	98. CONDITION FOR WHITE AS PERFORMED	O' O' EARLY AT		YES T	NO []
					) after	nded the	e deceased fro	om		Decembe	r 24.	19	61 to
									the deceased alive	on Janua	rv 18.		19 62
									m., from the couses				
		3A SIGNATU		EN SMITHOLY	7	170	70		a. ADDRESS	und on me o	are stated of	23c. DATE SIGNE	n
		-a signalu		I hule	10 K	X V	Zunn MI		11 E. Chase	Street		1-22-	
1		ATTENDING P		MED. DIRECTOR		AFF PHYS	/0	1					
1	REMO	BURIAL, CREA VAL (Specify)	MATION,	248. DATE		24c. NĂN	AE OF CEMETERY O	R CRE	MATORY	24b. LOCATION	(City, to	wn, or county)	(State)
		Buria	1	1/23/	62	Ca	thedra1	C	emetery	Bolto	City		

death. Page 1.3. retained by the Lospital an attending hysician.

TO FUNERITY OF TENDING TIMES. The Lospital an attending hysician.

TO FUNERITY DIRECTOR. After this certificate has been signed by the attending physician and completely fill a by the director, page 3 mlould be detailed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal and it any event, within 72 hours after death. VR A15 (4)

15M 7 6I

25

requires that the death certificate be executed within

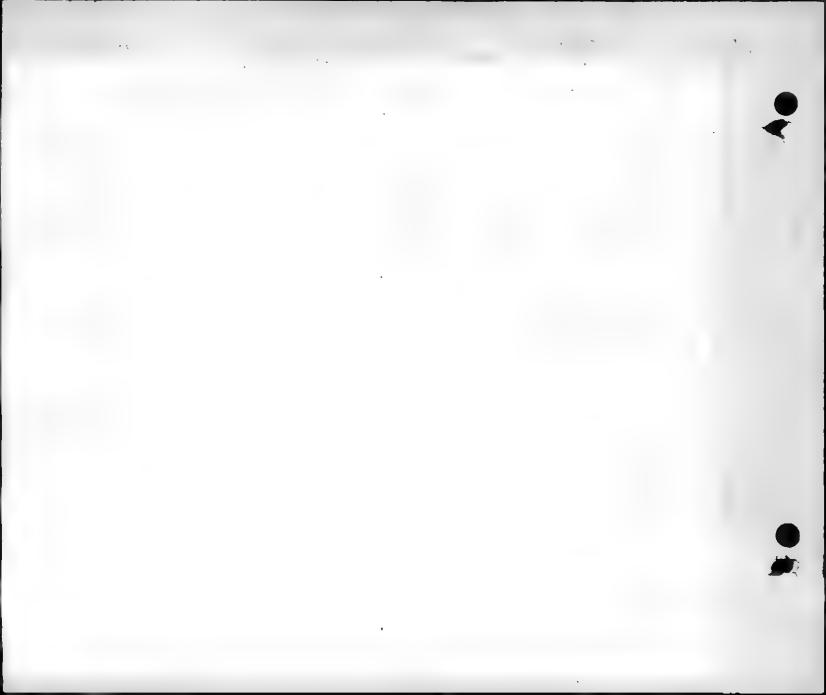
25A. DATE REC'D BY HEALTH DEPT

258 NAME OF REGISTRAR

25c. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD & SON-Greenmount &



## OF HEALTH

BALTIMORE 1, MARYLAND

		EPAKIMENI OI ND RECORDS — BALTI
00353	CERTIFICA	TE OF DEATH
1. PLACE OF DEATH Baltimore	MARYLAND	o. STATE M d.

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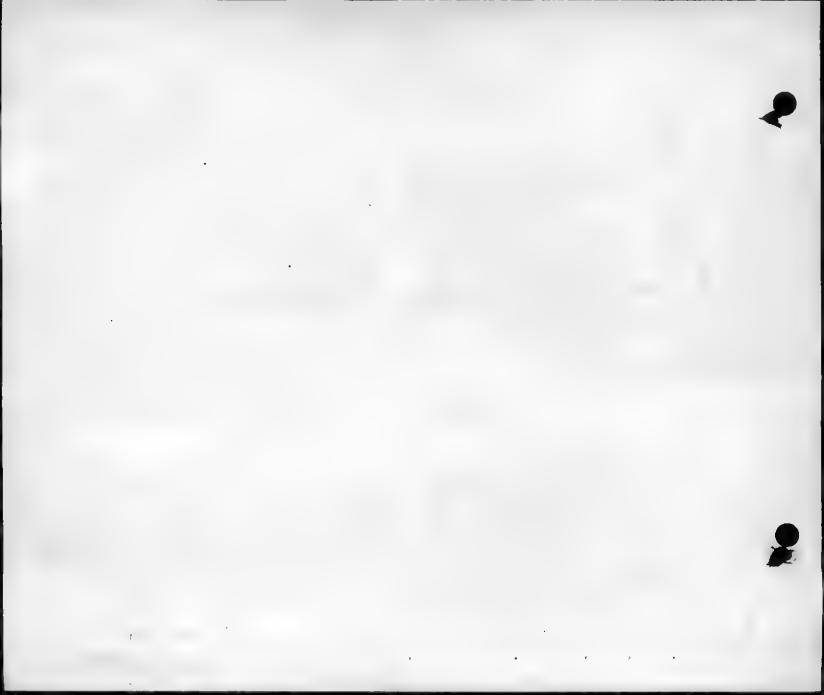
-31		0000		4-17-1				
1		LACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution Residence o. STATE N d. b. COUNTY	before admission)				
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c CITY OR TOWN (If outside corporole limits, write RURAL and gi	ve negrest town)				
			102017777010	*				
	<	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION M. M. Sonic Home	4315 Spring dale Avenue	e, IS RESIDENCE ON A FARM? YES NO				
	2 1	IAME OF First Middle	- Inst 4. DATE Month					
	E	Type or print) Norman Cecil	Short DEATH January	6 962				
	5, 5	Ma/e 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED W	B DATE OF BIRTH 29, 1895 9. AGE (In years   IF UNDER 1 Months   I Months   I	Doys Hours Min				
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired)  Merine - Business or Indu		EN OF WHAT COUNTRY?				
	10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	)	James Short	Sarah Watson					
1	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, II	NFORMANT Address					
	{Yes,	no, or unknown) (If yes give wor or dates of service) 209-05-553t //	Pasonie Home Resords - Cocke	ystille, Md				
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]		INTERVAL BETWEEN				
	- 1	PART I. DEATH WAS CAUSED BY: R. J.	and the state of t	ONSET AND DEATH				
	- 1	IMMEDIATE CAUSE (0) DIJATCAN DA BINCHO JAKUMANIA 6d.						
		DUE TO						
		Conditions, if any, which I by Per I Money Pa	lema - emphysema	6 d.				
	- 1	got the to thinked ble to A	1 1	1.0				
		lying couse lost (c) Arteniosclenits	i Randio rascular disease	Hears.				
)	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY				
	CATION			PERFORMED? YES NO				
	- 1	20s. ACCIDENT WAS UNDER. YING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D {Enter nature of injury in Part I or Part II of item 18 }					
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,   20f (City or fown) (City or fown)	ounty) (State)				
	8	1a Wille C 1401 Wille	ctory, street, office bldg., etc.)					
	₹	p. m. 19 ol work all work						
		21 I certify that (1) (this haspital) attended the deceased fram	Coct 19 1961 10 Jun 6 196	7-that (I) (we) last				
		saw the deceased alive an Jan 6 1962, and that a	death accurred at 2P.M. from the causes and an the	date stated above.				
		220 SIGNATURE		226. DATE				
		Chirabett Bohmel	M.D. PHYS DIRECTOR PHYS	1/6/102				
		22c. PHYSICIAN'S -	22d. ADDRESS	1-1-				
		NAME (Type) Elizabeth B. Sherrill MD						
	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county)	(Store)				
		REMOVAL (Specify)						
		BURIAL 1-10-62 Druid Ridg	e Cemetery Pikesville 8.M					
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE				
	- ÝÚ	m.Cook, Inc., 1217 St. Paul Street, Bal	timore DATE JAN 9 '62 Criling &	Henry				

Page 4

director,

NG PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after TO FUNERAL DIRICALS. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burio-transit permit. Then please remove carbon papers. Pages 1 and 2 shouth stoke Board of Health prior to buriot, cummation, a remayal, and in any event, within 72 haurs offer death.

TO HOSPITAL OR VR A15 (4) 15M 9/59



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY BALTOMORE and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest fewn) HAGERSTOWN 7 MONTHS OWINGS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION ( I not in hospital, give streat address) YES NO NAME OF DECEASED OF DEATH 1962 (Typa or print) SILE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 7. MARRIED NEVER MARRIED X last birthday] | Months | physician or fore an country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) WASHINGTON NONE 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yas, no, or unkown] { (If yas giva war or datas of sarvica) HOSPITAL 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Theumonia DUE TO Conditions, if any, Which (6) gave risa to Immadiata causa DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO V 200 ACCIDENT WAS UNDERLY NG 1 201 OR CONTRIBUTING CAUSE OF DEATH 208. DESCRIBE HOW INJURY OCCURED LENter regular of injury in Part I or Part II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., etc.) While Not While at work at work n.m. CTOR: 10. Jan. 22., 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... May 4, 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS DIRECTOR death. Page 22c, PHYSICIAN'S 22d. ADDRESS ROSEWOOD Stet NAME [Type] TO FUNE director, 1 23d. LOCATION (Stata) 238. BURIAL, CREMATION, 236. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S VR A15 (4)



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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH COSER

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1 1	1 6	4 3	0 3	. 1

7 4				
	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decased lived, If institutions 6. STATE Maryland b. COUNTY	Residence before admission)
1	b. CITY OR TOWN ('f outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL ar	nd give nearast town)
-	Fort Howard  d. NAME OF HOSPITAL OR INSTITUTION (IF IN	10 Days	Baltimore 17	. IS RESIDENCE
	Veterans Administrati		2031 McCulloh Street	YES NO
3	I. NAME OF First DECEASED	Middle	Last 4 DATE Month OF	Day Year
	(Type or print) Howard	T.	Smith DEATH January	5 19 62
	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In yeers   IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.  Days Hours Min.
		VIDOWED 🔲 DIVORCED 🔲 🚶	lay 18 1904 57 vs. Manual	Deys Hours Mun.
1	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if railred)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	Chef-Cook	Reștuarant	Kissimmee, Florida	U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
			Daisy Moore	
	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCE: Yes, no, or unknown)   (Ifyesgivewarordelesofsarv)</li> </ol>	16. SOCIAL SECURITY NO. 17 1	nical Records, VAH, Baltimore	18. Maryland
	Yes WW II	1263-10-8243 For	rt Howard Division	acy many and
	18. CAUSE OF DEATH [Enter only one ce	use per line for (a), (b), and (c).		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CEREBRAL HEMORAHA	AGE, ACUTE	12 Days
	Committions, if my, which (b)	LEFT LOWER LOBE F	PNEUHONT A	UNKNOWN
	geve rise to immediate cause	The state of the s	i of Electron And or ∞ and other beam beam.	Value 1
	(a), stating the underlying couse lest.	HYPARITEMSTVE CARI	DIOVASCULAR DISEASE	UNKNOWN
1	PART II, OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
100	DUODENAL ULCE	R GASTRIC UI	CER	YES X NO
STATES A STATES	200. ACCIDENT WAS UNDERLYING L. 2 OR CONTRIBUTING L. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)	
		. 2Dd. INJURY OCCURRED . 20e, PLA	CE OF INJURY (Home, ferm, 2Df. (City or town) (Co	unty) (Steta)
14 DIAZ	Hour e.m.	WhileNot While fector	rry, street, office bldg., etc.)	(310-8)
1	pinti 17	at work et work	7 0/ 20/7 7 7	(0
			Dec. 26	
		.519.04, and that	death occured a 3M, from the causes and on	the date stated above
1	220. SIGNATURE	5 00	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X	SIGNED
	DE PHYSICIAN'S	onassion	D. PHYS. DIRECTOR PHYS. X	1/6/62
	MARKE (Turne)	. DONALDSON, M.D.	VAH, Balto. 18 Md., Ft Howar	d Division
2	38. BURIAL CREMATION, 236. PATE VIERE	F 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, lown or coun	(Stete)
	Burial //9/6	2 Baltimore Nat	cional Baltimore 28, Ma	ryland
2	FUNERAL DIRECTOR'S SIGNATURE	1000 Brantley Ave	25e. REC'D BY REGISTRAR   25b. REGISTRAR'S	
	EIROY O. WILSON	Baltimore, Md	• DATAN 9 '62 amm &. 1	Trace

death. Page.

TO HOSPITA C. TIENDING PHYSICIAN: The law requires that the death certificate be emecuted within hours after death. Page.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page 3 should be detached for use as the burial-trans. I perm.it. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Hea th prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

4.

4

E.



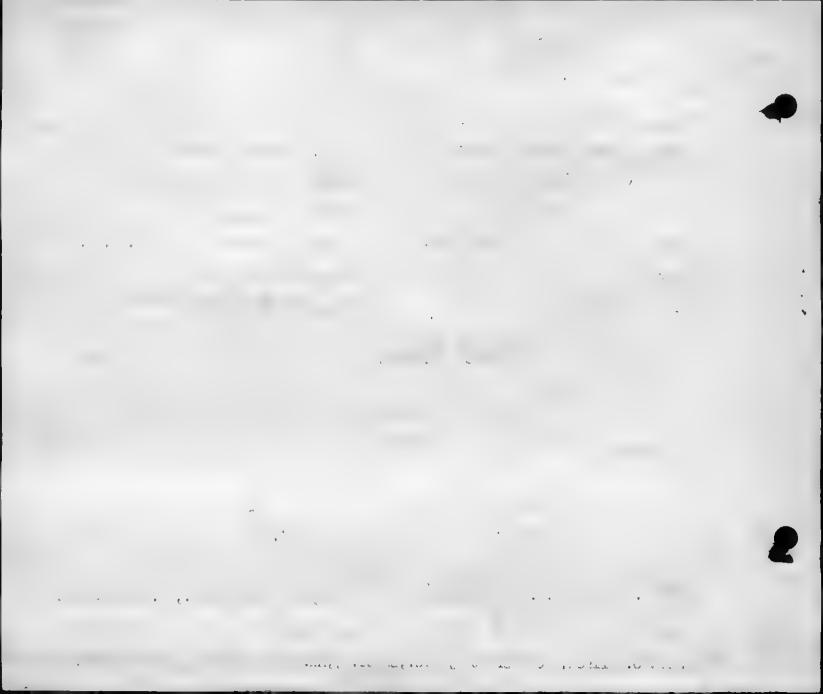


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10356
CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (When	The state of the s	Providence before a descrippi
a. COUNTY			b. COUNTY	Kesiderice Bardre adilliss Cut
Baltimore	MARYLAND	*. STAT Maryland		V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 15		corporata limits, write RURAL ai	nd give nearest lown)
Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital	569 al, give street addrass)	Baltimore d. STREET ADDRESS	2	IS RESIDENCE     ON A FARM?
Veterans Administration Hos  NAME OF DECEASED (Type or print) ( Also WILLIE	pital	723 Harfor SMITH OF SMITH)	_	PES NO 20 NO
5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR FUNDER 24 HRS.
Male Negro WIDOWED	DIVORCED	April 25, 1899	62 yrs. Months	
10a USUAL OCCUPATION (Give kind of work 10b. KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTR	Y 11. 8 RTHPLACE (County & State		T ZEN OF WHAT COUNTRY?
	aurant	Waggam, Louisi	ana U.	S. A
Henry Smith		Josephine Bush		
	C AL SEC. SELTY NO. 17		Address	
15. WAS DECEASED EVER N.L.S ARMED FORCES? 16 SO (Yas, no, or unkown) (Ifyasg.vewerordales of service)	C.	Linical Records,	VAH, Baltimore	18, Maryland
TES MM T	V.	AH, FORT HOWARD D	IVISION	
18. CAUSE OF DEATH (Enter only one cause per line	tor (a), (b), and (c),	•		1 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) HEPAT	TC COMA			2 WEEKS _
V . / 1	C'S CIRRHOSIS	21		
C. 101 01	C D CTUVUOST			UNKNOWN
Conditions, if any, which [b]				
(a), staling the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS ALTOPSY PERFORMED?
ĮĘ̃				YES NO X
PART 11. OTHER SIGNIFICANT CONDITIONS CONTROL  200. ACCIDENT WAS JNDERLYING (20b. DESCRI  OR CONTRIBUTING (1) CAUSE OF DEATH  IIF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED	). (Enter nature of an ury in Part ) or Pa	ert Is of stem 18.)	Approximation as
20c. TIME OF INJURY Month, Day, Year 20d. NJ Hour s.m. While all work	Not While fect	ACE OF INJURY (Home, farm, 20f. lory, street, office bldg., etc.)	(C.ty or town) (Co	unty) (State)
21. I certify that 10 (this hospital) attended	d the deceased from	July 30 1960	10 January 20, 19	62, that %) (we) last
saw the deceased alive on January 2	20 10 62 15-1	77.76	rom the causes and on	
7,500	AV 17. VALE, and mai	death occured and Miles	TOTIL THE CAUSES AND ON	22b. DATE
22a. S GNATTURE	,	ATTENDING MED.	STAFF	3 / SIGNE
1 John L. / Cleve	6.45	D PHYS. DIRECTOR	PHYS.	7/55/09
NAME (Type) Acting	Chief,	22d. ADDRESS		
TOHN D. TALBERT, M. D. Medical			18 MD.,FT.HOW	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY	OR CREMATORY 23d. I	OCATION (City, fown or cour	ty) (State)
Burial 1-26-62	Baltimore Na	tional Cemetery	Baltimore 28	, Maryland
				2 / 2
Elroy O. Wilson, 1000 Brant	Ley Ave. Bal	to. 17, Md PATE JAIN 3 I	'62   C Elmy 2	s. Thanks

funding ours after 20 

VR A15 (4) 15M 9/60



TO HOSPITAL CY TIENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4.

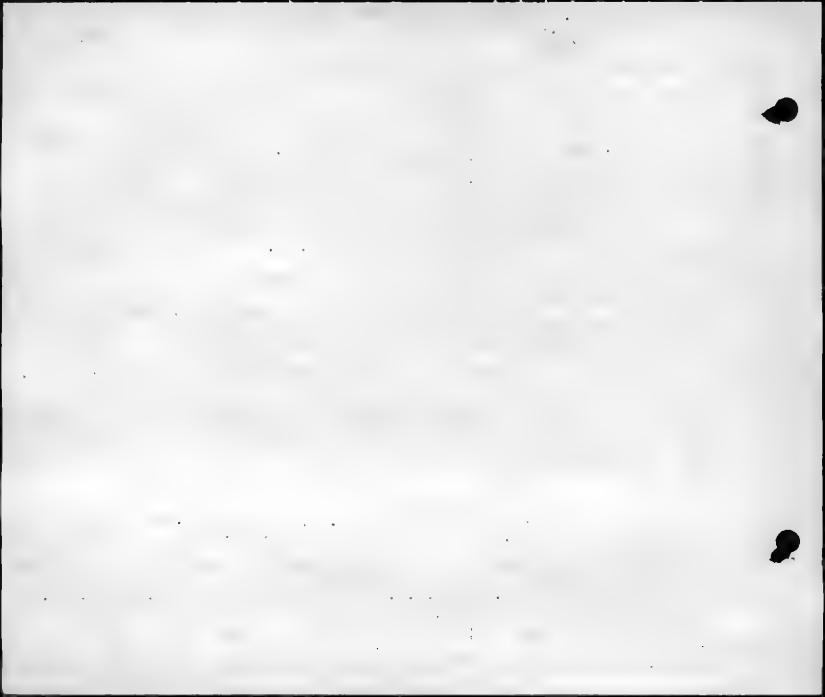
TO FUNERAL MAECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 79 hours after the prior to burial. VR A15 (4)

15M. 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) 357 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed hyad, If institution, Residence before edmission)
Baltimore MARYLAND	* STATE Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Perry Hall Life	X Perry Hall
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
3510 E. Joppa Road	3510 E. Joppa Road YES NO T
3. NAME OF First Middle	Last 4. DATE Month Day Year OF
(Type or print) William I Si	nyder DEATH 1 21 1962
5. SEX  Au ale  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  White WIDOWED DIVORCED T	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.  1   Last birthday   Months   Days   Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or lose on country) 12. CITIZEN OF WHAT COUNTRY?
Building Busine:	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Snyder	Elizabeth Prigel
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ) (Yas, go or unknown) (Hypagive war or datas of service)	INFORMANT Address
No 218-01-5784 M	es Jessie G Snyder 3510 E. Joppa Rd /4
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Generalized ca	rcinomatosis S months
DUE TO	
Conditions, I any, which (b) Adenocarcinoma	of stomach 9-12- Mo.
gava rise to immediate cause	/ 1100
(e), stating the underlying DUE TO	
cause last. (c)	
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8, 19 WAS AUTOPSY PERFORMED?
[3]	YES NO I
PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Part I or Part II of Itam 18 )
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P.A	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.A. Hour a.m. While Not While st work at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) ettended the deceased from.	Aug. 17.,, 19.61 to Jan. 21, 19.62 that (I) (we) last
saw the deceased alive onJan. 211962, end that	death occured et
226. SIGNATURE	ATTENDING MED. STAFF
Theodon D. Noam M	D. PHYS. DIRECTOR PHYS. 1-22-62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) Theodore E. Evans, M.D.	9660 Belair Road, Balto6, Md.
230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Gurial 1-25-1962 Fork Meth Cen	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	254. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Tassahn Funeral Home 1401 Belau	Road Darlan 26'62   u lun S. Viana



hesseo

vech

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00358 CERTIFICATE OF DEATH Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived | finistitution | Residence before admission b COLNTY c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) E. IS RESIDENCE ON A FARM? YES | NO Year 1962 IF UNDER I YEAR IF UNDER 24 HRS 9 AGE (In years b rinday] Manths Dovs Haurs 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALID SEASE CONDITION GIVEN IN PART 1(0, 19 WAS AUTOPSY PERFORMED? YES NO TO (County) (State) 15 1962 that I last saw the deceased

> 8 62

DATE

(State)

VS A15 (4)

15M 9/5E





# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 00359

001357 Reg. Dist. No.

1. PLACE OF DEATH				2	. USUAL RESIDENCE (	Where deceas			before adm	nission)
Baltimore					o. STATE  Maryland		b. COUNTY	Howard	d	-/
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OF TOWN (I		orote limits, write F	RURAL and give	nearest to	own)
Catonsville					Ellico	tt Cit	У	13 X	W. W.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS					ESIDENCE
Forest Hav	en Nursins	Home			St. Joh	ıns Lan	.e		YES	□ NO □
3 NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Moi		Day	Yeor
(Type or print)	AUGUST		SONNTAG			DEATH	i Januar	y 25,1°		19
5. SEX	6. COLOR OR RACE	7. MARI	EIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lgs) birthdoy)			_
Mele	White	WIDOWED DIVORCED Feb.15,1885 76					76 yrs	Months Do	ys Hou	rs Min
100 USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11, BIRTHPLACE (Ste	ote or foreign	country)	12.CITIZEI	NOF WHA	TCOUNTRY
Farming	Chicken		Marvlar	nd						
13. FATHER'S NAME				14 MOTHER'S MAIDEN			1			
Unknown					Unknown					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	DRMANT		Add	Iress		
(Yes, no, or unknown)	(If yes, give wor or dates of	ervice)		For	est Haven F	Records				
	ATM [Fater only one or	use one li	ine for (a), (b), and (c).]	1 5.07	210				INTERVAL	BETWEEN
	ATH WAS CAUSED BY				_	6-		1	ONSET AN	DEATH
the state of	IMMEDIATE CAUSE (	)(	1 R15 R100	SOC	5.1201113 CV	90000	-01750	OUAR		
Yok as	DUE TO	1	1/58 piss -	- 1	WIMARA	1011	8016111	2		
Conditions, if c	iny, which )	, <i>[]</i>				1/	. 0) ~86/1/			
gove rise to			PECONE	121	71/18	-				
couse (a), stating lying couse lost,	the under-		/							
	. ) (c		CONTRIBUTING TO DEAT	TH RUT NO	OT DELATED TO THE TER	PANINA DISEA	SE CONDIT ON CIT	VENI INI PART TI	(a) 10 W/	YZGOTIJA Z
O PART II, OT	HER SIGNALICAM COL	10.110143	CONTRIBETING TO BEAT	11. 00 14	DI KELATED TO THE TEN	WILANE DISEN	SE CONDITION GI	A E I A I I A LWKI II	PER	FORMED?
5		1							YES	□ NO [
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of injury	in Part I ar Pa	ort II of item 18.)			
Y 20c. TIME OF INJUING Hour o.m.	RY Month, Doy, Ye	ar 20d. I	NJURY OCCURRED 2	20e. PLAC	OF INJURY (Home, fo	orm, 20f. (Ci	ty or town)	(Cou	nty)	(State
Hour o.m.	19	While		factor	y, street, office bldg.,	etc.)				
≨ p. m.	- 17	ot wor	rk ot work	/						
21. I certify the	not I ottended the	deceos	sed from	1	, 19.6.7, to	1/2	5 182	that I lost	saw the	deceose
olive on	1/22	, 19/	2_, and that	death o	ccurred at 9 2	from	the couses or	nd on the c	lote stat	ed abave
	1		1111				Street, city or lown,			ATE SIGNE
ACTUAL SIGNATURE	tola	1/0	Hum	/M.I	550V	8111	NUNTER VI	WALE		26/6
PHYSICIAN'S NAME (Type)	School	Ø	Show 100	. 71	130-6	<i>(</i>	28			1/2-
220. BURIAL, CREMATIC		OF .	22c. NAME OF CEMET	TERY OR C	REMATORY	22d. LOC/	ATION (City, town,	or county)	(S	tole)
REMOVAL (Specify Burial	1-29-62		Good She	pher	d	T	Ellicott	Gitv.Wo		
23. FUNERAL DIRECTOR			ADDRESS	- Fried		C'D BY REGIS		ISTRAR'S SIGN		
E C Micini	oothom. Elli	cott	City.Md		DATE	JAN 2	9 '62	C =2 =		

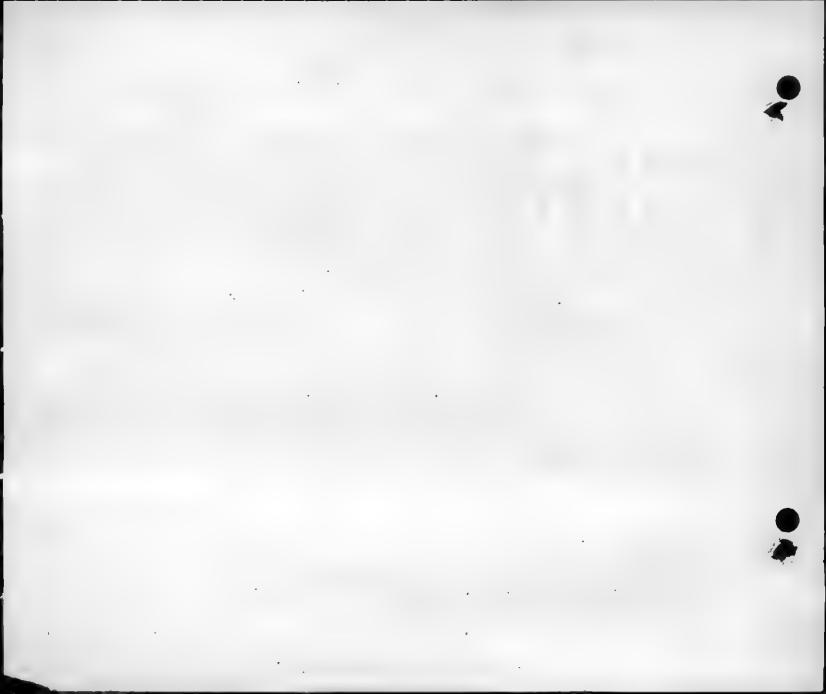
TO HOSPITAL OR AFTENT I PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de page 4 may be retained for attentions the same physician.

TO FUNERAL DIRECTOR: After this mentificate has meen signed by me attending physician and commetely filled in by the meral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B



15M 10/57



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY C. LENGTH OF STAY IN 16 b. C.TY OR TOWN of outside corporate l'mits, TOWN (If outs'de corporate I'm'ts, write RURAL and give nearest town) write RURAL and give nearest (gwn) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) ON A FARM? NNESS YES NO Year DECEASED 1962 (Type or print) 19. AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) pue WIDOWED [ 10a. USUAL OCCUPATION (GIVE kind of work I 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT GOUNTRY? remove done dering most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nding pl affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Them (Yes, no. or unkown), (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 83 Gui IMMEDIATE CAUSE (a) Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? 8 0 NO 4 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of In'ury in Part I or Part I of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour m.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from OCT. 13., 1957 to VAN 16., 1962, that (I) (we) last saw the deceased alive on YAN .. 19.6. 2 and that death occurred at linkth, from the causes and on the date stated above 22b. DATE 22a, SIGNATULE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSIC.AN'S director, p 23d. LOCATION (City, town/or county) 23m. BURIAL, CREMATION 23b. DATE REACTAL (Specify) 24-KUNERAL DIRECTOR'S SIGNATU YR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



	LAND STATE DEP				
DIVISION OF STATISTICAL RESEAR	CERTIFICATE			ALTIMORE 1, MA	(1)3(1)
PLACE OF DEATH	MARYLAND	2. USUAL RESIDE		b. COUNTY	sidence before edmiss on)
b. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town)  Fort Howard	13 Days		N (If outsida corporata	limits, write RURAL and	giva naarast town)
d. Name of Hospital or Institution (if not in hospiteterans Administration Ho		d STREET ADDRES		A	N. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middla	Last	4. DATE OP	Avenue	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED	M.  Never Married   B.	STARR DATE OF BIRTH	9. AG	BIUBI'Y  E (in years   IF UNDER 1 Y  birthday)   Months   D	3 19 62 TEAR IF UNDER 24 HRS.
done during most of working life, even if retired)	TO OF BUSINESS OF NOUSTRY	v /	890 71	yrs.   12. C.TIZ	EN OF WHAT COUNTRY?
Plasterer Con  13. FATHER'S NAME	struction	Baltimore	, Maryland	U	. S. A.
James Starr  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yas, no, or unkown) (Hypsignewarordalasofsarvice)  Yes WW I 2  18. CAUSE OF DEATH [Enter only one cause par line.]	18-10-7595 For	Catherine FORMANT Inical Rec rt Howard	ords, VAH.	Address Baltimore li	8, Maryland
PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO	CHOPNEUMONIA PHALOMALACIA, 1	RIGHT CERE	BRUM		ONSET AND DEATH RECENT UNKNOWN
gave rise to immediata ceuse	RIOSCLEROTIC HI	EART DISEA	SE _		UNKNOWN
PART I. OTHER S GNIFICANT CONDITIONS CONT BENIGN PROSTATIC HYPERTRO		RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING L. 2Db. DESC OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED.	Entar nature of injury	in Part I or Part II of it	am 18.)	
20c. T.ME OF INJURY Month, Day, Year 20d. If Hour a.m. While p.m. 19 et work		E OF INJURY (Homa, i y, straat, office bldg.,		own) (Cour	(State)
21. I certify that XI) (this hospital) attend saw the deceased alive on January. 3	ed the deceased from De	ecember 21	1961, to Ja.	nuary 3, 196	, that (1) (we) last
22a SIĞNATURE	here M.D	ATTENDING	MED. S	TAFF	22b. DATE 1//3/62
THOMAS F. CRAHAN, M. I	23c, NAME OF CEMETERY OF	VAH, BA	Make 1	FT HOWARD	
Burial 1-5-62	Baltimore Nat	, 2		ore 28	
	rford Road nore 14, Maryla		1 100	Carting 8 f	-

TO HOSPITAL

Geth. Page 4

After this certificate has been signed by the attending physician.

Yet of FUNERAL

Green and completely filled by the funeral description or attending physician.

Yet of FUNERAL

Green and completely filled by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

X

Wh. Cook-Blight, Inc.,



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00363 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY **b.** COUNTY Maryland Alleghanv MARYLAND c. CITY OR TOWN (If outside corporate I m'ts, write RURAL and give nearest town) b. CITY OR TOWN ; f ouls de corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Owings Mills 1 month Cumberland d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 1019 Frederick Street Rosewood State Training School 3. NAME OF 4. DATE DECEASED DEATH (Type or print) 18 19 Jo Stitcher Barbara 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. lest birthday) Months 9/18/48 WIDOWED DIVORCED T IDa. USUAL OCCUPATION (Giv kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County 5 State or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cumberland, Maryland U.S.A. Dependent none 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Carmel Rosemary Stitcher Joseph Henry Stitcher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) ((If yes give wer or detes of service) Rosewood Records, Owings Mills, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).( INTERVAL BETWEEN PNEUMONIA. (LEFT LOWER LOBE) ONSET AND DEATH PART, DEATH WAS CAUSED BY, 1 week IMMEDIATE CAUSE (e) **DUE TO** long standing gave rise to immediate cause (a), steting the underlying PART I. OTHER SIGN FICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I of Jem 18.] OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) Not While While el work et work 21. I certify that (1) (this hospital) attended the deceased from. 12/13 ...... 1961 to 1/18 ....... 1962, that (1) (we) last 22b. DATE 22a. SIGNATURE 162 SIGNED ATTENDING PHYS. TX DIRECTOR PHYS. Jan 22d. ADDRESS 22c. PHYS.CIAN NAME ITY Harry G. Butler, M.D. Rosewood Lane, Owings Mills, Maryland 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Greenmount Cemetery

Cumberland,

Cumberland. Md.

25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

JAN 2 2 162

completely papers. pou pue certificate physician please ding signed has certificate has it use as the boria HOSPITAL death. Page 4 0 VR A15 (4) 15M 9/60

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Wayne George



1SM 9/SB

DATE JAN 2 2 152

arthur & Kraus



1. Kames

DATEJAN 1 1 '62

DADEE

Vm.Cook, Inc., 1217 St. Paul Street, Zone 2

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

may be retained to the filled in by the standing physician.

D. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, ar removal, and in any event-within 72 haurs after death.

TO FUNERAL DIREC

VR A15 (4) 1SM 9/59

10

CERTIFICATE OF DEATH

		1112				
	O COUNTY Ba	1timore	MARYLAND	2. USUAL RESIDENCE (Who STATE MICE)	ere deceased lived 1f institution b COUNTY	Residence before admission)
	b. CITY OR TOWN (If outs RURAL and give nearest Cockers	town) / )	c. LENGTH OF STAY IN 16	Cumber 1	utside corporate limits, write RU	RAL and give nearest town)
		not in hospital, give street o	Home	d STREET ADDRESS	lerick St.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	twa net	Milton	Su++on	4. DATE OF Jan	Day Year 10 1962
5	NO I	olor or race 7 MARR		Aug 6, 18		Months Doys Hours Min
100	JSUAL OCCUPATION (G during most of working to Store Key	fe, even if retired)	KIND OF BUSINESS OR INDU		or foreign country)  V 8111 ~	12 CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Joseph	<i>H</i> S	utton	14. MOTHER'S MAIDEN N Rachel	S Supl	cr
		U S ARMED FORCES? 16 give wor or dates of service)		records Me	2 Sonic Home	Cockeysville
	PART I, DEATH W	DUE TO	e for (o), (b), and (c)] teniusclenat	ie Candio-	vascular dise	INTERVAL BETWEEN ONSET AND DEATH COLUMNS COLUMNS ONSET AND DEATH
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200 ACCIDENT WAS JN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	PIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item IB )	
MEDIC AL	20c. TIME OF INJURY M Hour o. m. p. m.	onth, Doy, Year 20d. It 19 While at work	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
	21 <b>I certify</b> that (I) saw the deceased of		ed the deceased fram			, 1962, that (I) (we) last an the date stated above
	220 S GNATURE Eliabita	to Bother	y		ED STAFF RECTOR PHYS	226 DATE 9 GNEI
	22c PHYSICUN'S NAME (Type) E/1	Eabeth B.	Sherrill, Mil	22d. ADDRESS Cockey	sville	Md.
230	BURIAL CREMATION, 2	1-13-62	Druid Ridge		23d LOCATION (City, lown, or Pikesvill)	
24	FUNERAL DIRECTOR'S SIG	NIATURE	ADDRESS	35e pecu	D BY BEGIETRAR DEL BEGIET	DAD'C SIGNIATURE



IS RESIDENCE

ON A FARM?

YES NO TO

Hours

ONSET AND DEATH

PERFORMED? YES IN NO

(Stote)

25b. REGISTRAR'S SIGNATURE

7 71 A & Krays

25¢ REC'D BY REGISTRAR

JAN 5

DATE

(Slote)

U.S.A.

19 62

ESS ENATUSCHIMUNEK FUMETal Home

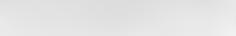
Brehms Lane

24 campletely and remaye attending please permit burial-transit has been cremation, attending certificate nay be retained FUNERAL DIRE 10

VR A15 (4) 15M 9/59



. 4		MARYLAND STATE DEPARTMENT OF HEALTH						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>.</b>	,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND				
13=-			CERTIFICATE OF DEATH	00365				
oulcoulcoulcoulcoulcoulcoulcoulcoulcoulc	$\mathbf{M}$		ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if inst.					
54		e.	Baltimore Maryland 6. COUNTY  Baltimore	Ltimore				
at it de li		Ь.	CTY OR TOWN (if outside corporate fimits, write RURAL and give neerest lown)	RAL and give nearest lown)				
24 P			rimonium Timonium					
filled Pages ars affe	N. A.	d,	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d STREET ADDRESS	IS RESIDENCE ON A FARM?				
V fill	ar and		Gorsuch Road 24 Gorsuch Rd.	YES   NO				
pers Pers 2 h		10	AME OF first Middle Last 4. DATE Month	Day Year				
xect pa			ype of Barah Elizabeth Swint Death 12 - 121:	1 5 19 606				
o bd w		5. 5	last birthday)	UNDER 1 R IF UNDER 24 HRS.				
te b			nale   White widowed   Divorced   Nov. 8, 1883   78 yrs. 1					
ifica		dons	USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?				
certi physi prem any		12 3	Housewife Georgia	U. S. A				
death		13. 1						
	1	15. V	James Walker VAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO , 17. INFORMANT Address	-				
the atter			no, ar unkawn) (((yesg)vewarardatasofservice)	and Donald				
that n. rhe it. emo		11	No Mrs. Caroly S. Koenig-24 Gorsi	ICH HOAD INTERVAL BETWEEN ONSET AND DEATH				
res sicia I by serm			PART I DEATH WAS CAUSED BY.  (MANGOLA) & CAUSE (a) Remarks Further Cause (a)	3 clays				
odu Jnec sit p			422.1					
ng ng ng rang			Conditions, if any, when I to arternales alleration Consoles Vasa	culan 3 4N				
endi endi bee rral- cre			gave risa to Immediate causa (a), stating the underlying DUETO	7				
has has bud rial,			(c)   210   Que					
AN AN ate	0	NOT _	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Sp. fr		3		YES NO .				
cer cer		CERTIFI	DB. ACCIDENT WAS UNDERLYING 2 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH					
A 부 등 등		0 1	IF EITHER, NOTIFY MEDICAL EXAMINER)	· · · · · · · · · · · · · · · · · · ·				
ING I by Affer ache		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or lown) Hour a.m. While Not While factory, street, office bldg., etc.)	(County) (State)				
der det		¥  -	p.m 19  at work   at work	10				
5 2 d			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, 19 (i) (we) last				
INEC Share			saw the deceased alive on A 196 and that death occurred at in M, from the causes and signature	d on the date stated above				
S Sh			ATTENDING THE STAFF	SIGNED				
AL AL	1		22c. PHYSICIAN'S 22d. ADDRESS	1/5/45				
PITA Page ERA , pag	- 1		NAME (TYPO) GEORGE I GILMORE, MP LANHAM BUILDING	LUTHERVILLE				
COSPITAL  Th. Page 4  FUNERAL  Sctor, page filed with t		23a.	BURIAL, CREMATION   236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION (City, IOWA	or county) (State)				
deat direct		and a	emoval (Specify) 1-6-62 Powell Church Cemetery Harlem, Georgi	a				
VIII A15 (4)			UNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE				
15M 9/110	,	1/	MO July V & Stille Da 188. 12 Miles DATE DATE	= un d. Thomas				
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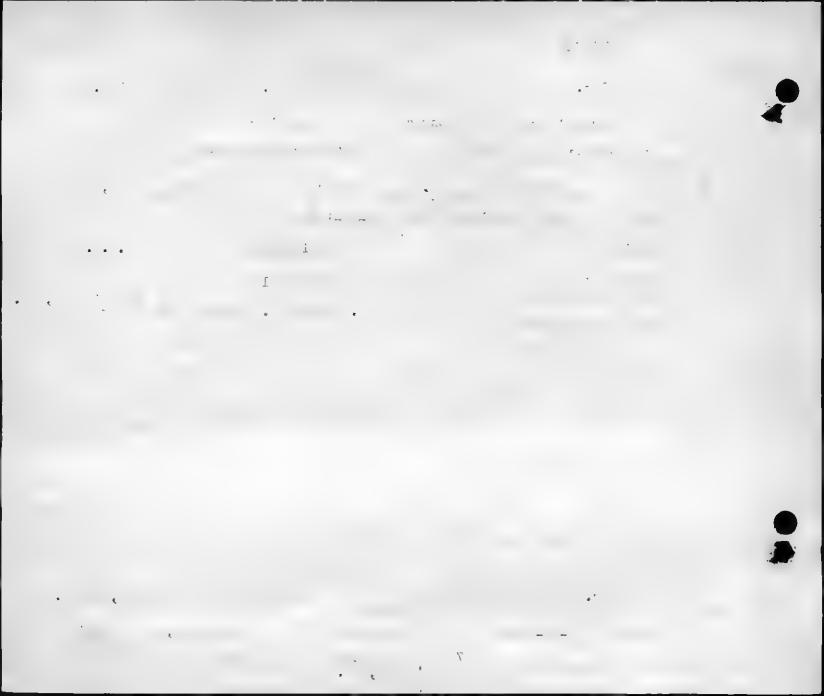
Howard H. Hubbard 4107 & Wilkens Avenue #29

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF MEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Ral timore MARYLAND b. CITY OR TOWN (if outs'de corporata limits. LE LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Hours; 15 Min. Baltimore Fort Howard Pages d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 1 321 East 24th Street Veterans Administration Hospital 3. NAME OF Middle Last DATE Month Year DECEASED OF (Type or print) DEATH Taylor 1962 William tam January bon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In yeers I IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) | Months and Days car | WIDOWED | D VORCED [ 11-6-89 Colored physician IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? геттом done during most of working life, even if retired) Fishing Ovsterman Tazewell Co Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Major Taylor Sarah Smith 15. WAS DECEAL DEVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address (Yes, no, or unkown) [If yes give were r detes of service] Clin Rec VAH Baltimore Md - Ft Howard Division 231-10-1012 the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., and (c) ) INTERVAL BETWEEN ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: CHPOUTC PASSIVE CONCESTION OF LUNGS AND LIVER U. U.N IMMEDIATE CAUSE (e) burial-transit ₽ DUE TO U KJO N CARDIAC INSU. Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ARTERTOSCIEROTIC HEART DISEASE certificate har use as the force or the burie 6 PART I. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT "TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. PERFORMED? ARTERIOSCLEROSIS, GENERALIZED. ADENOMA YES A NO 1 20b. DESCRIBE HOW INJURY OCCURED (Enter netura of injury 'n Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING [] CAUSE OF DEATH After Month, Day, Yeer , 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (Stele) 20c. TIME OF INJURY Not While factory, street, office bldg., etc.) While Hour a.m. al work 22b, DATE 22s. SIGNATURE \* I ATTENDING STAFF SIGNED 1-11:-62 D.RECTOR PHYS. PHYS. death. Page 4.

FO FUNERAL

director, page 3

be filed with th 10-10 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH Baltimore 18 Md-Ft Howard Division 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Baltimore Baltimore National Maryland Buria 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE VR A15 (4) JAN 1 9 1. Int & Though 15M 9/60 Elrov O. Wilson Paltimore



the tunerar IO HOSPITAL OF AT ENDING SHYSICIAN: The Ew requires the the death certifical be executed within 14 death. Page 4 by inset by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. X

VR A1S (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)							
Daltimore	. STATE Maryland b. COUNTY Baltimore							
MANYLAND								
b. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest lown)							
Perry Hall Life	A Perry Hall							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS : e, IS RESIDENCE							
d. NAME OF HOSPITAL OR INSTITUTION OF HO HOSPITAL, give street eddress)	ON A FARM?							
4230 Chapel Road	v 4230 Chapel Road YES □ NO D							
3. NAME OF First Middle	Last 14. DATE Month Day Year							
DECEASED	OF .							
(Type or print) John Sebastian	Thim DEATH 1 2 1962							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO	8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.							
t wind a librate .	last birthday							
MIDOWED DIVORCED	4-4-1889 72 yrs months beys nocis							
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	TRY , 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
done during most of working life, even if ratired)	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
Werage Clerk Railroad Retire								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Sebastian Thim	Gatherine Rudel							
AE AVAC DECEMBED EVEN A LA LANGE COLORS								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. [Yes, no, or unknown) (Hypergive war or dates of service)	INFORMANT Address Perry Hall Md							
	rs Margaret Luckert 4320 Chapel Road							
18. CAUSE OF DEATH  Enter only one cause per ling for (e), (b), and (c)	NTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	QNSET AND DEATH							
IMMEDIATE CAUSE (e)	multiculary 3mor							
1 4 6								
DUE TO HE DON TENSON HE AS	which not alway Dicense 12 1.0040							
Conditions, if eny, which \ (b) IM JUVUM 81 WE COL	ANO-colored discours 12 years							
gove rise to immediate couse DUE TO A T	1:00 1 1							
ter, stelling the uncertying	MUMARICAL MICHEL TO WEEKS							
cause last. (c) MWDW WITHWO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT 被LATED TO THE TERMINAL DISEA集 CONDITION GIVEN N PART 1(61-19), WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(01-17), WAS AUTOPSY PERFORMED!  YES NO OCCURRED IN OCCURRED IN OCCURRED. (Enter neture of injury in Part 1 or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING AUGUST AUGUST OF DEATH  OF CONTRIBUTING AUGUST OF DEATH  O								
TES NO TES NO TES NO TEST NO T								
206. DESCR BE HOW INJURY OCCUR	th' (thist hailts of juffich to half to that it or ham in?)							
O (IF EITHER, NOTIFY MEDICAL EXAMINER)								
\$ 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)							
	petery, street, office bldg., etc.)							
p.m. 19 et work et work								
at It and the that (I) (the benefit) attended the decree the	10/28 10/19 11/2 10/2 10/10/10/10							
21. I certify that (I) (this hospital) attended the deceased from								
saw the deceased alive on 12/10 1991, and th	at death occured at							
220. SIGNATURE	, 22b. DATE							
Att. H- HURSEUFELD (M.G).	ATTENDING MED. STAFF 1/4/1962 SIGNED							
Thur II II								
122c. PHYSICAN'S NAME (Type) INITIAL LI LICOCPULE IN	MA 22d. ADDRESS							
JOHN M. MIKSCHPELDI	ID 6419 HARTORD ROBLOC, BREYDIY MA							
238. BURIAL, CREMATION   236. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)							
REMOVAL (Specify)	1 AV CONTINUE TO CALLED A LOND AL CORDAN (1) (2(0.0)							
Purial 1-5-1962 Holy Redeem	er Cemetery Daltimore Maryland							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
I I M NI WILL I	100 5 160 (7.16mg & House							
blassahn tuneral Home 7401 Belaw Rot	DATE JAN 5 OF COORDING							

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

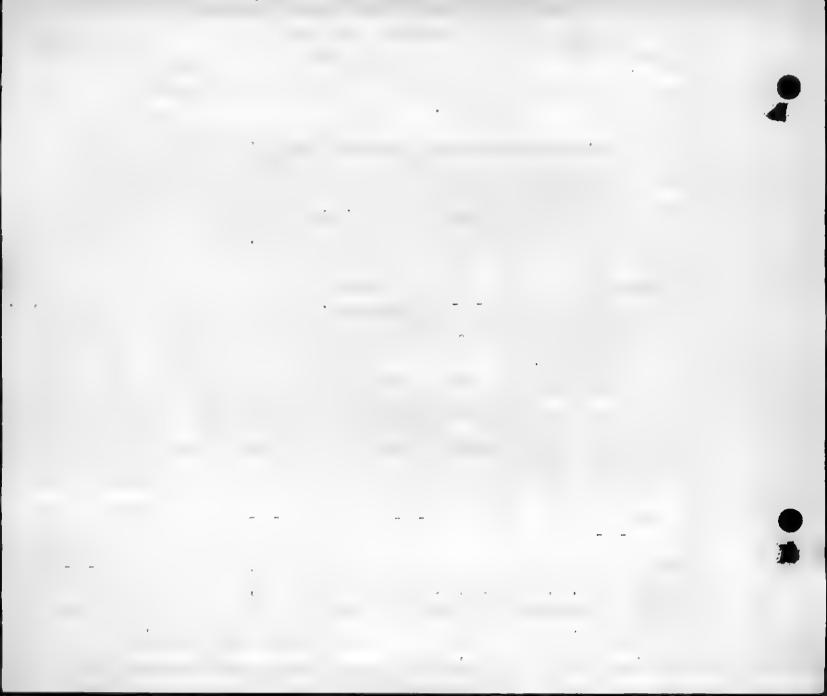
00372 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 111371

1. PLACE OF DEATH o. COUNTY Bal	timore	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore											
RURAL ond give n	KUKAL ORD DIVE REGIEST IDWN							c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Cockeysville					
d. NAME OF HOSPI OR INSTITUTION Boxerhill	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Boxerhill Rd.					Boxerhill Rd., Box 325A  e. IS RESIDENCE ON A FARM? YES NO P							
3. NAME OF DECEASED (Type or print)	ROLAND		Middle HARR ISON		THOMAS		4. DATE OF DEATH	Mor Ja		Doy 26	Year 19 62		
5. SEX Male	White	WIDOWE			Feb. 18,	1889		AGE (In years lost birthday) 72 yrs	Manths D	YEAR IF UN Pays Hou			
Gardner	ON (Give kind of work of king life, even if retired)		KIND OF BUSINESS OR	INDUS	Car	rroll	Co., Me			S.A.	AT COUNTRY?		
John Thor	nas				14. MOTHER'S Cathe		Stover						
15. WAS DECEASED EVE (Yes, no or unknown) NO										ville,M			
18 CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  Coronary Occlusion  DUE TO  Conditions, if ony, which gove rise to immediate  DUE TO										INTERVAL BETWEEN ONSET AND DEATH			
SATION OF THE PROPERTY OF THE	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT						EN IN PART	PER	S AUTOPSY FORMED?		
20c. TIME OF INJUS Hour o. m. p. m.	AS UNDERLYING DEATH CAUSE OF DEATH MOTE EXAMINER)  TY Month, Day, Yes	20d. It While of work	Not while DOT	e foc	ACE OF INJURY II story, street, affice	bldg., etc.	no no	one		onty)	(State)		
21. I certify the alive on 7-  ACTUAL SIGNATURE	at I attended the 14-61	12	ed fram 12-22 , and that a	leath	accurred at	6	A.M., from the ADDRESS (Street	he Causes o	ind an the	date sta	ne deceased ated above, DATE SIGNED 5-62		
PHYSICIAN'S NAME (Type)	D. D. C	aples	B, M. D.				own, Md						
220. BURIAL, CREMATIC REMOVAL (Specify) BUILAL	Jan. 29, 1		22c. NAME OF CEMET Druid Rids		CREMATORY		22d. LOCATION Pikes	Ville,		(S	tole)		
23. FUNERAL DIRECTOR Frank H. N	s signature ewell, Pike	svill	ADDRESS Le 8, Md.				D BY REGISTRAN						

INYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat may be retained ( ) is certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shother registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTEND may be retained a
TO FUNERAL DIRE

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00373 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY s. STATE Baltimore MARYLAND Maryland b. CITY OR TOWN ( f oulside corporate lim ts, C. FNGTH OF STAY IN IN c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest lown, write RURAL and give nearest lown) 136 Fort Howard Baltimore d. NAME OF HOSPITAL OR NSTITUTION if not in hospital, give street eddress; d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W 2346 Frederick Avenue Veterans Administration Hospital 3. NAME OF M.ddle Last DATE DECEASED OF (Type or print) DEATH WILLTAM THOMPSON. January
AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARR ED TO NEVER MARRIED IF UNDER 24 HRS. 64 Months September 17,1897 White WIDOWED DIVORCED [ Male 10a. JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY . 11. BRTHPLACE County & State, or foreign country! 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if relired) Carpenter Construction Buffalo, New York u. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Thompson Mary Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (If yes give wer or dates of service) Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. BRONCHOPNEUMONIA RECENT IMMEDIATE CAUSE (a) DUE TO BRAIN TUMOR (GLIOMA) BOTH FRONTAL LOBES Conditions, if eny, which UNKNOWN gave rise to immediate couse DUE TO (a), stating the underlying ceuse lest. PART II OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN N PART I(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED? BENIGN PROSTATIC HYPERTROPHY NO 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Peri I or Part II of item 18.) 2De ACCIDENT WAS JNDERLYING . OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm. 2Df, (City or lown) (County) (Stete) Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour a.m. al work p.m 21. I certify that (this hospital) attended the deceased from August 1961 10 January 11 1962 that A (we) last saw the deceased alive on January 11 19 62 and that death occured a ... M, from the causes and on the date stated above 22a. SIGNATURE 22b, DATE ATTENDING SIGNED 62 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHINICIAN THOMAS F. VAH BALTO 18 CRAHAN, M.D. MD FT HOWARD

123c. NAME OF CEMETERY OR CREMATORY

Cook-Blight, Inc, 6009 Harford Rd., Balto. 14, MoDATE

Baltimore National Cemetery

23d. LOCATION (City, lown or county)

Baltimore

25a. REC'D BY REGISTRAR

(State)

28. Maryland

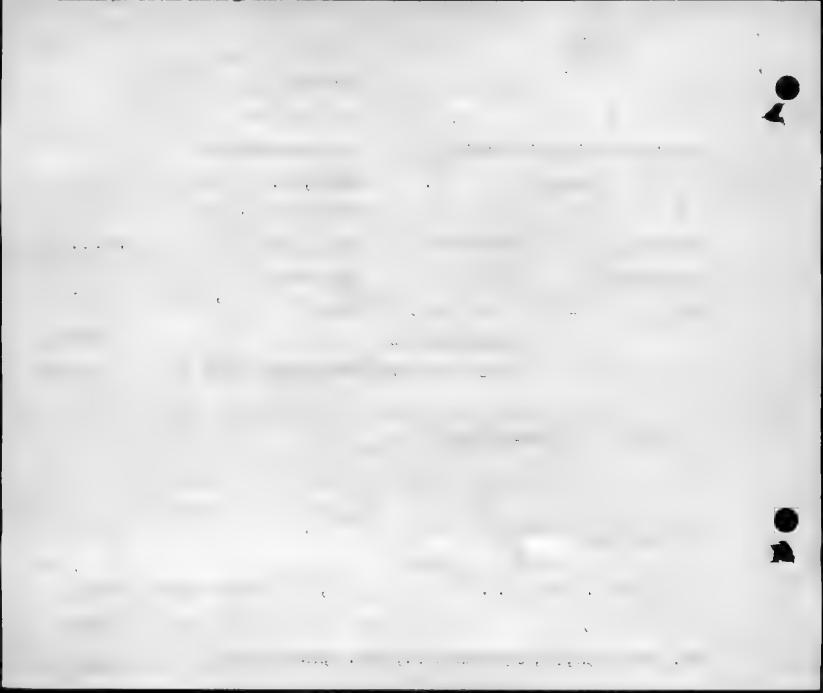
papers. Pag n 72 hours completely and c ä burral-transit the bur burial, 8 9 \$ 6 0 B VR A15 (4) 15M 9/60

uneral

23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH EXAMI FMR STATE - Lem 14 Firm Gaus USUAL RESIDENCE (Where deceased lived, if institution, Residence before edimiss on) 1. PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN lif oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) write RURAL and give nearest town? your 00 Lutherville Lutherville d NAME OF HOSPITAL OR INSTITUTION (1 not in bospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained for the State Boath. YES T NO T Welford Road 113 Welford Road Lutherville, Md DATE Month DECEASED OP the DEATH (Typa or print) GORDON January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR DATE OF SIRTH JE UNDER 24 HRS lest birthday) Months | Days Hours male white W.DOWED DIVORCED male | white | w.Dowed | Divorced | June 4 1952 | 9 200 12. CITIZEN OF WHAT COUNTRY? PM3. Page is pages 1 and within 72 h done during most of working life, even if retired) School child U.S.A school Pennsylvania 13. FATHER'S NAME Helen Almeda Morrison Raymond T. Tippitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT event Lafayette. Pa. [Yes, no, or unknwn] | [If yes give war or dates of service] permit. NO None None

18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] R. B. Lownes Germantown Pake INTERVAL BETWEEN s a burial-transit premoval, and in ONSET AND DEATH PART J. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO carbon monoxide poisoning Conditions, f ary, which gave rise to immediata cause maminus's DUE TO (e), stating the undarlying 38 used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? 8 NO IC Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Pert I or Part II of Itam IB.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING the Chief Me R: Page 3 sho lor to burial, Conflagration in home CAUSE OF DEATH. 20d. INJURY OCCURRED , 20d. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF NJURY Month Day Year (County) [5lete] Ch. factory, street, office bldg., atc.) Not Whila \_\_\_\_\_ While Jan. 20 19 62 of work of work will 115 Welford Road Balto. Co. Md. the certificate, **一班** 21. I certify that I took charge of the remains described above, held an Autopsy ...... Inquiry be Inspection T and in my opinion shaula be forwarded as FUNERAL DIRECTO death resulted from. Natural causes Accident 100 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER TOTAL ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher. M. D. 20, 1962 January NAME (Typa) Address (Streat, city, town, or county) 224 NAME OF CEMETERY OR CREMATORY 226. BUR.AL, CREMATION,1 226. REMOVAL (Specify) <u>v</u> 40 º HINERAL DIRECTOR 24s. REC'D BY REGISTRAR I VS ATSME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



## FOR STATE files. Health, JOF V retained he State & Office along burial-transit Joval, Examiner's 10 pesn should the Chief / R: Page 3 s ior to buris O. P. forwarded I lease execute the should be forwa PUNERAL DII ₩40 p

# VS. AISME

### MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES Trem 14 Firm G. 65 1/4 W/ UE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Raltimore e. COUNTY a. STATE Baltimore County MARYLAND b CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate I m./s. write RURAL and give neerest town) write RURAL and give neerest town) Lutherville Lutherville vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Wekford YES NO IX Welford Rd 3. NAME OF First Middle DECEASED OF DEATH 1962 (Type or print) MATTHEW Tippett January 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE last birthday) | Months Days male WIDOWED [ DIVORCED [ 10a USUAL OCCUPATION (G've kind of work , 10b, KIND OF BUSINESS OR NOUSTRY; II BIRTHPLACE (Stelle or fare an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) NONE Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Almeda Morrison Raymond 16 SOCIAL SECURITY NO. 17, INFORMANT Addres Lafayette Hill. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) (Ifyesgivewerordatesofservice) Lownes Germantown Pike 1 18 CAUSE OF DEATH [Enter only one cause per the for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia carbon monoxide poisoning DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 1 19. WAS AUTOPSY PERFORMED? NO T third degree burns 2De, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) Conflagration in home 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f (Gity or town) While Not While of work 115 Welford Road 20c. TIME OF NIURY Month, Day, Year (County) (State) 19 62 Baltimore Co. Md. 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection | X | Inquiry XX and in my opinion Accident XX Suicide death resulted from. Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER TXX ACTUAL ASSISTANT MED CAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Jan. 20, 1962 Russell S. Fisher. M.D. NAME (Type) Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY



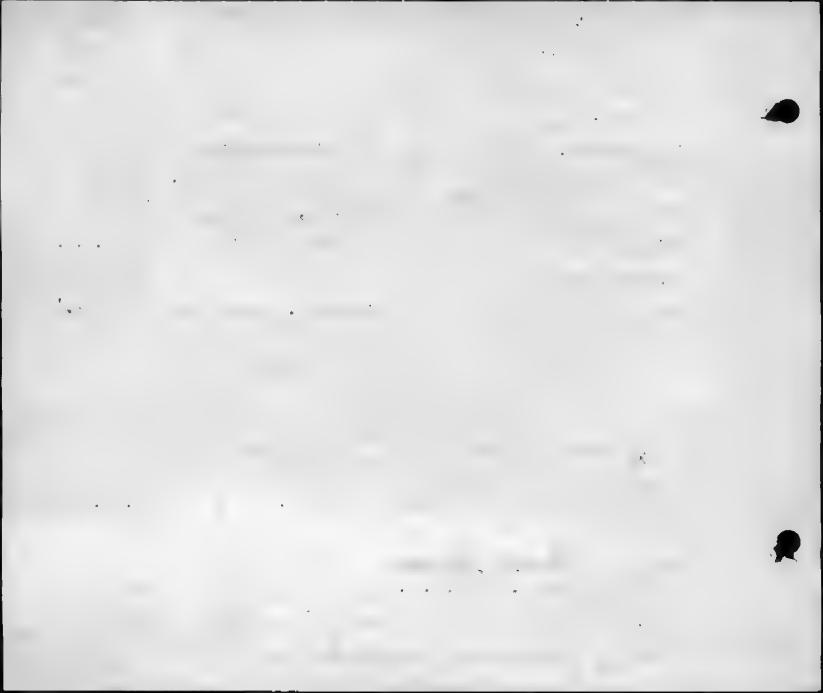
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND Ttom 14 411 m 4501. 1/20/06 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY f les. Health, e. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if pulside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown write RURAL and give neerest town) yo'ır Lutherville Lutherville for you d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Welford Road Welford (2) (same) YES NOW 3. NAME OF M.ddle 4. DATE Morth DECEASED OF (Type or print) Paul DEATH Tippett 19 62 January 20 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T B DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months and Hours male WIDOWED [ DIVORCED 1, 2, a se 5 and 72 hc 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 1. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) School Child School 5 pages i within Pennsylvania
14. MOTHER'S MAIDEN NAME U.S.A. P.M.3. 13. FATHER'S NAME Raymond T. Tippftt Helen Almeda Morrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lafayette. (Yes, no, or unknown) I (Il vesnivewer or dates of service) No NONE D. Lownes Germantown Pike 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN Office along v ONSET AND DEATH DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Asphyxia due to carbon monoxide poisoning DUE TO Conditions, if eny, which (b) gave rise to Immediate cause in 65 "pending , writing the word "pending to Chief Medical Examiner's Page 3 should be used as a r to burial, cremation, or re DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Conflagration in home 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hom., farm, 20f. (City or town) While Not While Company, street, office bldg., etc.) 20c. TIME OF INJURY Month, Dey, Year (County) (State) D DEPUTY IN.

Please execute the certificate, w
4 should be forwarded to the (
D FUNERAL DIRECTOR: Pa
or its designated agent, prior to at work et work 1902 115 Welford Rd. Baltimore Co. Md. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection TX Inquiry TOX and in my opinion death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINEDOX ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S Russell S. Fisher, M. D. NAME (Type) January 20, 1962 Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 224. BURIAL, CREMATION T 226. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ₫40 p FUNERAL D RECTOR ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ASSME 5M 9/60



MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore County Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained ne State B Welford Road YES NO 3 Welford DATE DECEASED OF (Type or print) Raymond Tippett DEATH 1962 Jan. 20th 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days Hours male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I B.RTHPLACE (State or fore gn country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chain Belt Pennsylvania pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond Tippitt Bancrof 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address afavette. permit. (Yes, no. or unkown) | (Ifyasgive war or detes of service) Richard D Lownes 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) carbon monoxide poisoning Conditions, if any, which geve rise to Immediate cause DUE TO (a), stelling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8) 19, WAS ALTOPSY ۵ PERFORMED? 2nd degree burns NO XX 20s. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of Injury in Part I or Part II of item 18.) Conflagration in home Chief 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 1 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 115 Welford Rd. Balto. Co.. Marvl and 20 4 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🛣 Inquiry X and in my opinion DIRECT death resulted from: Undetermined manner Natural causes Accident Suic.de Homicida lease execute the call should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER [X] ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M. B. January 20, 1962 NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22h DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 6 Buria] 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR I VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

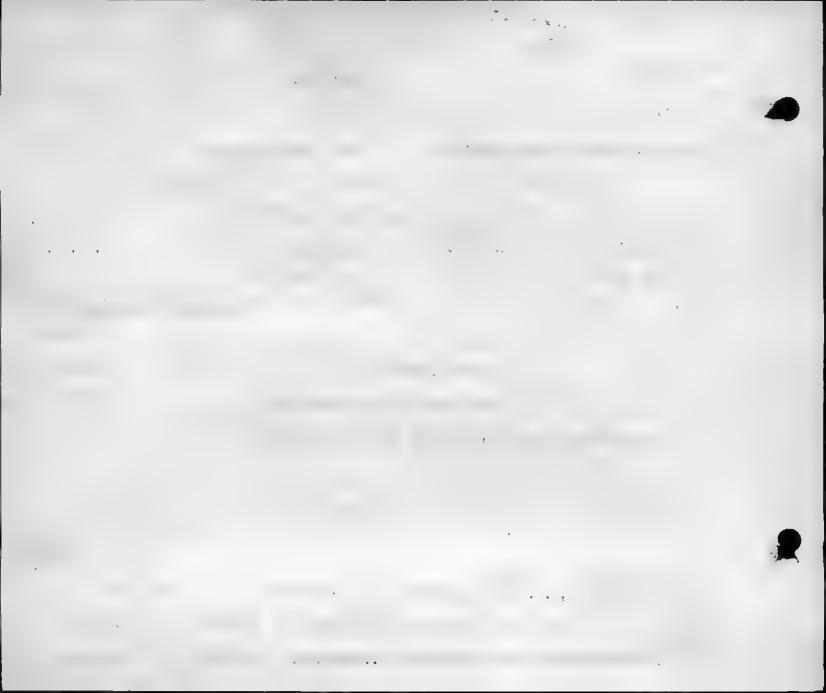


Sol Levinson & Sons 6010 Reisterstown Rd. Balto. MANTE

arthur S. Krains

MARYLAND STATE DEPARTMENT OF HEALTH

the L efely NO physi attending ph Then please r Then Affer O.B. O HOSPITAL death. Page 4 director, VR A15 (4) 15M 9/60

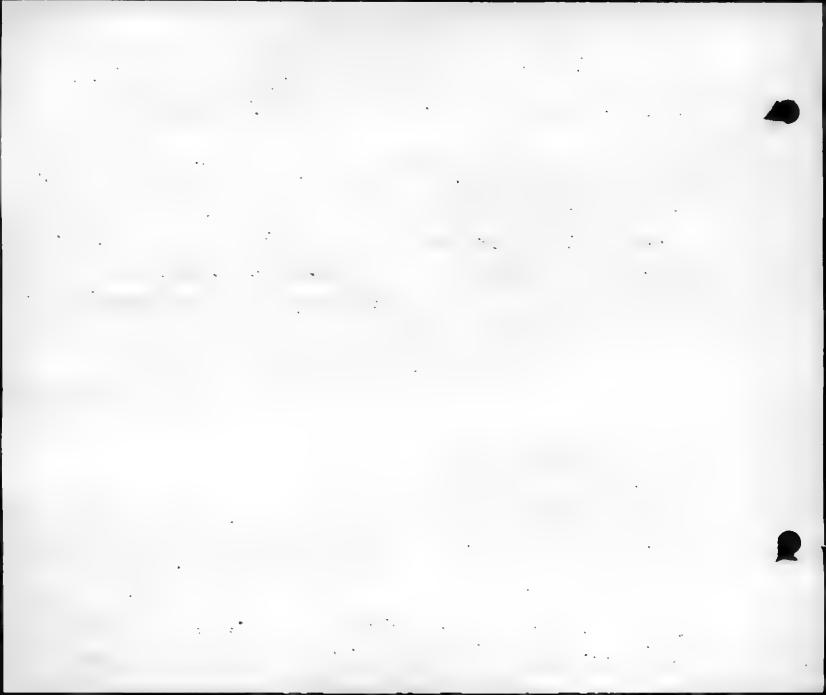


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S TO HOSPITAL OR AT ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. The law requires that the death certificate be executed within 24 haurs after.	E	0	page 3 shauld be detached for use as the burial-transit permit. Then please remane carban papers. Pages 1 and 2 shauld be filed with	the resistor prior to burn! cremation or removal and in any event within 72 house ofter death
Ve	<b>≜</b> 1	5 1	41	
158	1 5	7/SI	B	

	LEES	7.0	021(11110)	****		Reg. Dis	it. No.
	1. PLACE OF DEATH			2. USUAL RESIDENCE (Wh			ce before admission)
	o. COUNTY Baltimor	e	MARYLAND	o. STATE Maryle	ınd b	COUNTY Balt	timore
	b. C TY OR TOWN (If outside corp. RURAL and give nearest tawn)	prote limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF a	utside corporate lim	its, write RURAL and g	give nearest fown)
	Overlea			X Overlo	a		
1	d. NAME OF HOSPITAL (If not in h OR INSTITUTION	aspilal, give street a	ddress)	d. STREET ADDRESS			o IS RESIDENCE ON A FARM?
	4414 G	lenmore A	ve	4414 0	lenmore 1	ve.	YES NO
	3. NAME OF DECEASED (Type or print)	Otto	Middle	Urban	4. DATE OF DEATH TEXT	Month TUTEV	Day Year 1962
	5 SEX 16. COLOR C		ED NEVER MARRIED	B DATE OF BIRTH	9. AGE	In years IF UNDER	TYEAR IF UNDER 24 HRS
	Male White		<u>A</u> J1	Ded. 15. 1888	lost	73 yrs. Months	Days Hours Min
	10a USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. K	KIND OF BUSINESS OR INDU			12.CITI	ZEN OF WHAT COUNTRY
	Elevator operator			Marylar	ıd		U.S.A.
1	13 FATHER'S NAME			14. MOTHER'S MAIDEN N			
]	Martin Urban			Hattie	Schreibe	r	
	15. WAS DECEASED EVER IN U. S. AR.		OCIAL SECURITY NO.	NFORMANT		Address	
	Yes, no or unknown) (If yes give For o	21	3-05-0310 A 3	John Urban 441	4 Glenmon	e Ave.	
	IB. CAUSE OF DEATH [Enter on		e for (a), (b), and (c).]	- 1	-1 .		INTERVAL BETWEEN
	PART I DEATH WAS CAU		nuvcorde	al Jula	releaz		1 hur
	7720 .	DUE TO	1	not 1 n			, o -
	Conditions, if ony, which )	(b) CO	ronan (	Murarell	rosci		3 Marc
	gove rise to immediate couse (a), stating the under-	DUE TO					0
	lying couse last.	(c)	<u> </u>				
1	PART II. OTHER SIGNIFICA	INT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE COND	ITION GIVEN IN PAR	T I(a) 19 WAS AJTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYNOOR CONTRIBUTING CAUSE OF	G DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	art or Port II af it	em 1B )	
		Doy, Year 20d. IN		ACE OF INJURY (Hame, farm		n) ((	County) (State
	20c. TIME OF INJURY Month, 1	19 While at work	LAGI MINIG	clory, street, office bldg., etc.	1		
	21. I certify that I attend			19.5 %, to		10/17 that I la	st saw the deceased
	alive on / 3	10 6	~	occurred at 11 'DAP			
	Olive dil	1	n/l		ADDRESS (Street, cit		DATE SIGNED
	ACTUAL SIGNATURE au	5 mu	eller	M.D. 6411 L	BELAI	R. Ro	AP 1-50
	PHYSICIAN'S PAUL	- G, 1	MUELLER	BAL	Tinici	PE #6 1	111 D.
	DESCRIPTION OF THE PROPERTY OF	E THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or county)	(State)
	Burial 1/8/	62	Baltimore Na	tional	Baltin	ore, Md.	
	23 FUNERAL DIRECTOR'S SIGNATURE	4070 1	ADDRESS			246 REGISTRAR'S SIG	
	Ullrich Funeral H	ome 4210 l	belair Road.	DATE JA	N 1 0 '62	Cur hur &	Thrus



1SM 9758



## MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA Item 9 Film Gour TZ. USUAL RESIDENCE (Whare deceased Lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Page files. b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (I oulside corporale I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 13克 ROCERKXX Jacksonville 135 year d. NAME OF HOSP TAL OR NSTITUTION IT NOT IN hospital, give street eddress years Jacksonville Bos retained he State B Jacksonville, Sweet Road Sweet Air Road 3. NAME OF Middla 4, DATE Month DECEASED (Typa or print) DEATH ADOLPH 6 COLOR OR RACE T, MARRIED NEVER MARRED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS with B. DATE OF BIRTH Page 5 ma 1 and 2 w 72 hours may 2 will last birthday) Months 6665 1895 WIDOWED DIVORCED 26 Male June 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country done during most of working life, even if retired) Black and Decker Go Massachusetts pages 1 within S. Navy 18. Give Page h form PM3. I MOTHER'S MAIDEN NAME /e Ellina Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ' 16. SOCIAL SECURITY NO. 17. INFORMANT Jacksonville RKKKKXX (Yas, no, or unkown) (If yasgiva war or datasof servica) Walker Sweet Air Rd Yes WW I & WW II 219-28-72 se along w sl-transit p PART I, DEATH WAS CAUSED BY " in pencil i Office alor IMMEDIATE CAUSE (a) DUE TO burial plnous Conditions, if any, which gave rise to immadiate cause 60 **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 et 19, WAS AUTOPSY CERTIFICATION should in ial, memini 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of Itam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. writing to Chief A Page 3 s 20d. NJURY OCCURRED, 20a. PLACE OF INJURY (Homa, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., alc.) While Not While Hour a.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry forwarded to Accident Suicide Undetermined manner Natural causes Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa)

VS. A15ME 5M 7/59

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Brooks Funeral Service. Inc Towson Md

22c. NAME OF CEMETERY OR CREMATORY

National

228, BURIAL, CREMATION, 226, DATE THEREOF

REMOVAL (Specify)

Buried

23. FUNERAL DIRECTOR

1 Arlington.
24e. REC'D BY REGISTRAR 24b. RE DATE JAN 2 3 '62

Address (Streat, city, fown, or county)

24b. REGISTRAR'S SIGNATURE Chrima S. Huma

22d. LOCATION ICIty, Jown, or country)

(County)

Baltimore

Day

12. CITIZEN OF WHAT COUNTRY?

USA

19

a. IS RESIDENCE

YES TO NO IX

19 62

PERFORMED?

NO [

(Slala)

and in my opinion

DATE SIGNED

Year

ON A FARM?

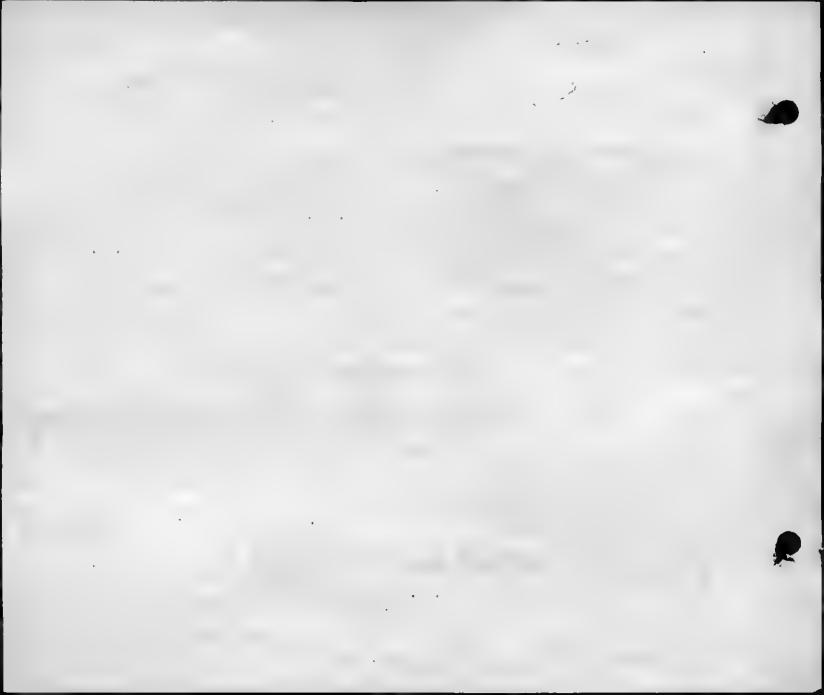
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VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	00382	CERTIFICATI	E OF DEATH	00380
-	I. PLACE OF DEATH  a. COUNTY		a, STATE	sed livad, if Institution: Rasidance before edmission) b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND  c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (If outside corporate	St. Mary S  limits, write RURAL and give nearest town]
-	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (IF not In the	5yrlOmthl7dys	Hollywood, Maryla	ad . IS RESIDENCE ON A FARM?
	3. NAME OF First	SPITAL	none	YES ☐ NO ☑  Month Day Yeer
-	(Type or print)  5. SEX  6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED B	la la	January 15 19 62 GE (In veers IF UNDER 1 YEAR IF UNDER 24 HRS. at birthdey)   Months   Days   Hours   Min.
-		KIND OF BUSINESS OR INDUSTR	Dec. 12, 1876 85	
-	carpenter	shipyard	New York 14. MOTHER'S MAIDEN NAME	U. S
1	Willet Weeks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO 17. 1	Sadie New	Address
	(Yas, no, or unkown) (Ifyesgivewerordatesofsarvice) none		cords: SPRING GROV	INTERVAL BETWEEN
	Conditions, if any, which geve rise to immediate couse (e), stating the underlying DUE TO	rminal pneumonia	cardiovascular disea	ONSET AND DEATH
	PART II. OTHER SIGN FICANT CONDITIONS CO		OT RELATED TO THE TERMINAL DISEASE CO	NDIT ON G. VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 20
-				
	Hour e.m. Wh	nila Not While fact	CE OF NJURY (Home, larm, 20f. (City or ory, streat, office bldg., etc.)	
	21. I certify that (X (this hospital) attests we the deceased a ive on Jan.	anded the deceased from 15 19 62 and that	death occured at.pM, from the	
	228. SIGNATURE Stella &	achsler M	.D. PHYS. DIRECTOR	STAFF 1-15-62
	22c. PHYSICIAN'S NAME (Type) Stella Wachs	sler, M. D.		ROVE STATE HOSPITAL Le 28, Maryland
	23e, BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		ON (City, pown or county) (State)
	21 FUNERAL DIRECTOR'S SIGNATURE	DOORESS IT	Med DATE AN 19'62	R 25b. REGISTRAR S SIGNATURE  Ciriling of Hanna



CERTIFICATE OF DEATH UB383 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY Baltimore 5. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lawn) RURAL ond give negrest fown)
Rosedale Rosedale 6vears d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS 2 cCormick Ave. 5705 McCormick Ave puc 2 NAME OF 4. DATE Middle Month DECEASED (Type or print) Wendling Susanna DEATH Jan. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years 8 DATE OF BIRTH completely ost birthdoy) DIVORCED [ WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) during most of working life, even if retired) Housewife Hungary 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown John Yost 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Build 5714 McCormick Ave. Hoose No Margaret CAUSE OF DEATH [Enter only one couse per/fine for (o), (b), and (c) る PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** à Ë Canditions, if ony, which Bued gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. buriol-transit PART II OTHER SIGNIFICANT CONDITIONS, CONTEIBURING TO DEATH BUT HOLD DEATH DITHOLD THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Port I or Port II af item 18.) õ WEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o.m. While Not while at work of works 1,20 21. I certify that I attended the deceased from alive an\_ and that death accurred at A-M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stolet ACTUAL SIGNATURE prior FUNERAL DIS PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). REMOVAL (Specify) Burial Holv Cross Cemeterv Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE uneral Homa, Inc. VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. ( )

Baltimore

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍 NO 🖒

> > (Stole)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Hungary

Days

- (County)

that I last saw the deceased

Months

. IS RESIDENCE ON A FARM?

YES 🔲 NO 🖼

Yeor

62 19



## FOR STATE HEALTH DEP

our files.

TO DEPUTY P.

L. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute five certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral d should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for x TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

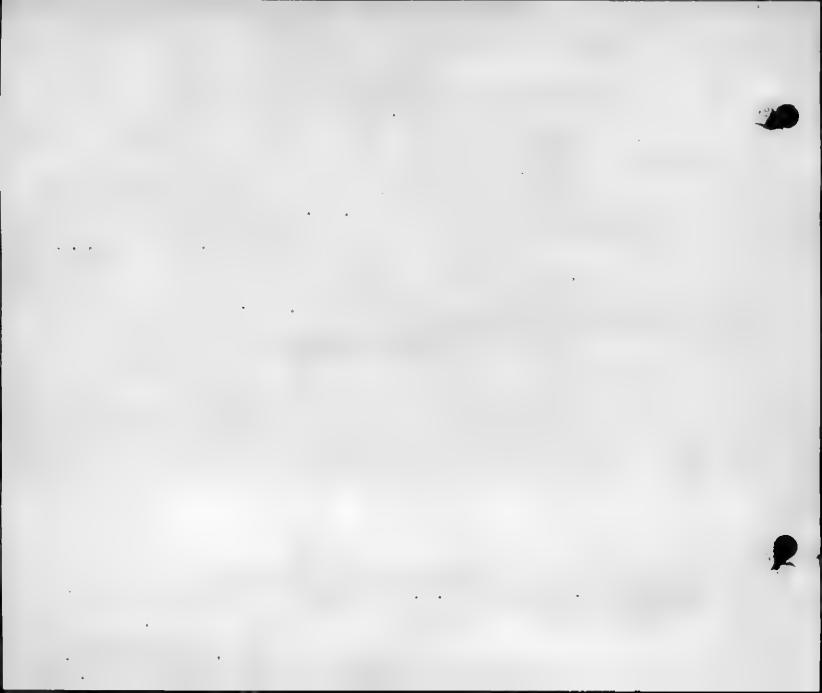
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

111352 00384 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution:	Residence before aidm ssion)
	Baltimore MARYLAND	•. STATE Maryland Ba	ltimore
)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If oulside corporete I m ts, write RURAL en	d g ve nearest town)
	Grey Manor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Gret Manor	a. IS RESIDENCE ON A FARM?
`	2900 Page Drive	2900 Page Drive	Dey Yeer
	(Type or other)	No. 60 at any a	.0, 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8.	DATE OF BRTH 9. AGE (In years   IF UNDER	I YEAR IF UNDER 24 HRS
	Female White WIDOWED DIVORCED	iarch 20, 1918 43yrs. Months	Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	f 11. BIRTHPLACE (State or foreign country)   12 CII	IZEN OF WHAT COUNTRY?
	At home	Virginia 14. MOTHER'S MAIDEN NAME	U.S.A.
	Chester Adkins	Don't know	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yas, no, or unknown] [(Ifyasglvawarordatesofservice)]	NFORMANT Address	
		m Wheatley 2900 Page Drive-	22
	18. CRUSE OF DEATH [Enter only one cause for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Country a	ichis'm	10 kur
	DUE TO	<b>4</b> .	1 500
	Conditions, if any, which geve rise to immediate cause	1+	3 7/2
	(a), slating the underlying DUE TO	•	
	cause lest. (c)	Pri Lara Po Sur Pri Alla	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	niar natura of injury in Part F or Part II of Item 18.)	YES NO
	RIMARY OF CONTRIBUTING CAUSE OF DEATH.	niar natura oz injury in zan i or zan ii oz ilem ia.;	
	9	CE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	(Siefa)
	Hour a.m.  P.m.  19  While Not While at work	n y allowi, office mostly week	
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection Inquiry	and in my opinion
	death resulted from Natural causes Accident . Suici	de . Homicide . Undetermined manner .	]
	1 1 1 1 0 0 00	CHIEF MEDICAL EXAMINER	
	SIGNATURE COULCEPIE	M D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
,	EXAMINER'S TO A D D D	DEPUTY MEDICAL EXAMINER	1-11-61
	1 NAME (Type) / 3/1 C/C C C C C C C C C C C C C C C C C C	Address (Street, city, town, or county) CREMATORY 7 22d. LOCATION (City, lown, or country)	
	REMOVAL (Specify)		, tolera
	Burial 1/13/62   Gardens of Fa	toth Baltimore, Md.	IGNATURE
	Ullrich Funeral ome Dundalk, Md.	DATE 38 1 5 '62	4
		DAIL TOTAL	. / 6446013



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before edmission) a. COUNTY f.les. Health, a. STATE h. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN [.f outside corporete limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 14 Mos. Dundalk Dundalk is death. If any delay, and 3 to the funeral 5 may be retained for the 5 may be setained for the 5 may the State Board fours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8045 Park Haven Road 8045 Park Haven Road the Star death. YES NO W 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) HOLLY ELIZABETH WHITTLE DEATH January 31 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TENT 8. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR F UNDER 24 HRS. last birthday) Months | Days female WIDOWED 1 and 7 72 K Ill mos ym./ 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in Item 18. Give Pages 1, 2 ng with form PM3. Page done during most of working life, even if retired) None Baltimore, Md. pages | within U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gorman E. Whittle Carol Bond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Gorman E. Whittle - 8015 Park Haven writing the word "pending" in pencil in frem a Chief Medical Examiner's Office along with Page 3 should be used as a burial-transit perm to burial, cremation, or removal, and in any None 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis IMMEDIATE CAUSE (e) and pulmonary atelectasis DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1.51, 19. WAS AUTORSY PERFORMED? YES IN NO TH 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Ent r nature of Injury in Pert I or Pert II of Itam IB.) ALL E. erificate, where to the Chief of the PRIMARY Tor CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f (City or town) (State) fectory, street, office bidg., etc.) While Not While 4 should be forwarded to the TO FUNERAL DIRECTOR: P. or its designated agent, prior i al work | at work 21. I certify that I took charge of the remains described above, held an Autopsyxx Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER January 31, 1962 Breitenecker, M. D. NAME (Type) Address (Street city town or county) 220, BURIAL, CREMATION, 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Gardens of Faith Trumps Mill Rd., Md. Burial 23. FUNERAL DIRECTOR ADDRESS. 240 REC'D BY REGISTRAR L 24b. REGISTRAR'S SIGNATURE VS, A15ME DDDA 7922 Wise Av., 5M 9/60 DATE



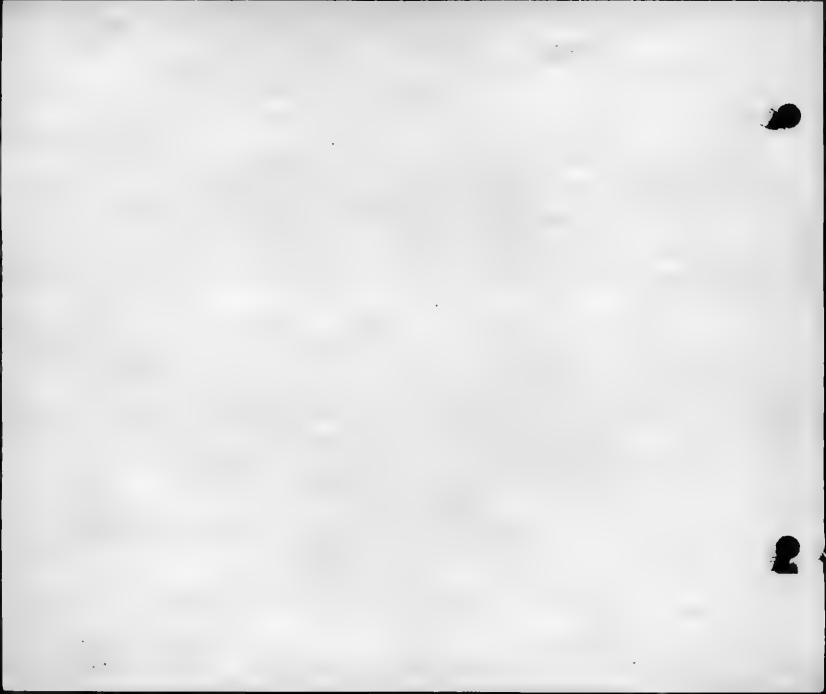
ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (I outs da corporata limits. c. LENGTH OF STAY IN 16 write-KURAL and give nearest town CATONSVILLE . IS RESIDENCE AL OR INSTITUTION (if not in hospital, give street address) ON A FARM YES NO 3. NAME OF DECEASED 1962 (Type or print) WILCOX DEATH IF UNDER 24 HRS. 9, AGE (In years | IF JNDER I YEAR last birthday) Months | Days Sept. 6, 1876 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARY LAND BLACK SMITH 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyesgive war or dales of service) IRENE GILGASh 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)., INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 161 gava risa lo immediale cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19, WAS AUTOPSY PERFORMED? 2Da. ACCIDENT WAS UNDERLYING ] ADb. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) | While | Not While | fectory, street, office bldg., etc.) | (County) (State) 20c. TIME OF INJURY Month, Day, Year While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1-6-6, 19, to 1-27, 1967 that (I) (we) last saw the deceased alive on ... 22b. DATE 22a, SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. MD. 22d. ABORESS 22c. PHYSICIAN'S ---NAME (Type) un Terki director, p 23c. NAME OF CEMETERY OR CREMATORY 23 d. LOCATION (City, lown or county) 23a. BURIAL, GREMATION, 23b. DATE THEREOF VIEW Cen. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR ADDRESS VR A15 (4) arthur & Hanna

and c≡i carbon

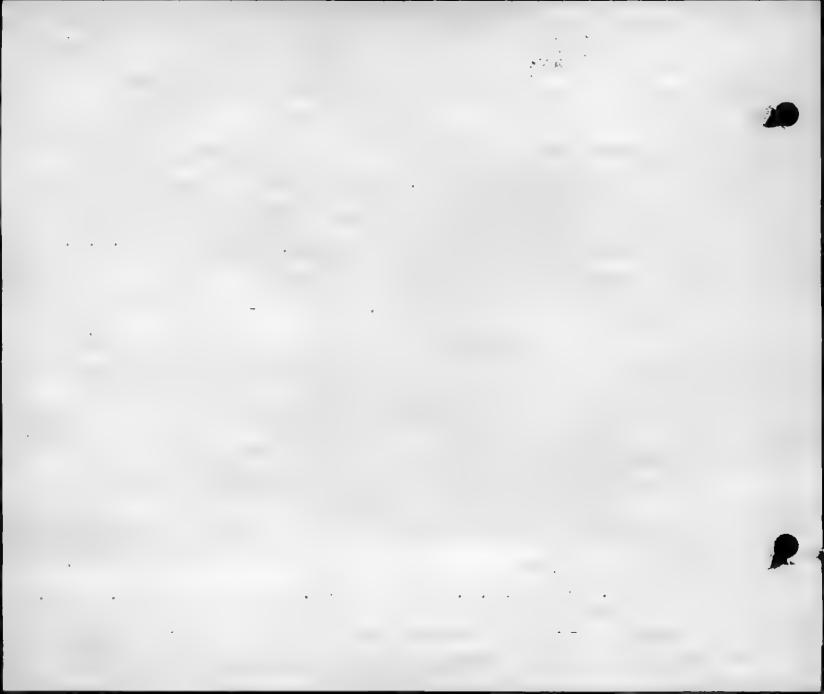
death, Page TO FUNERAL

**Ø** 

AND STATE DEPARTMENT OF HEALTH

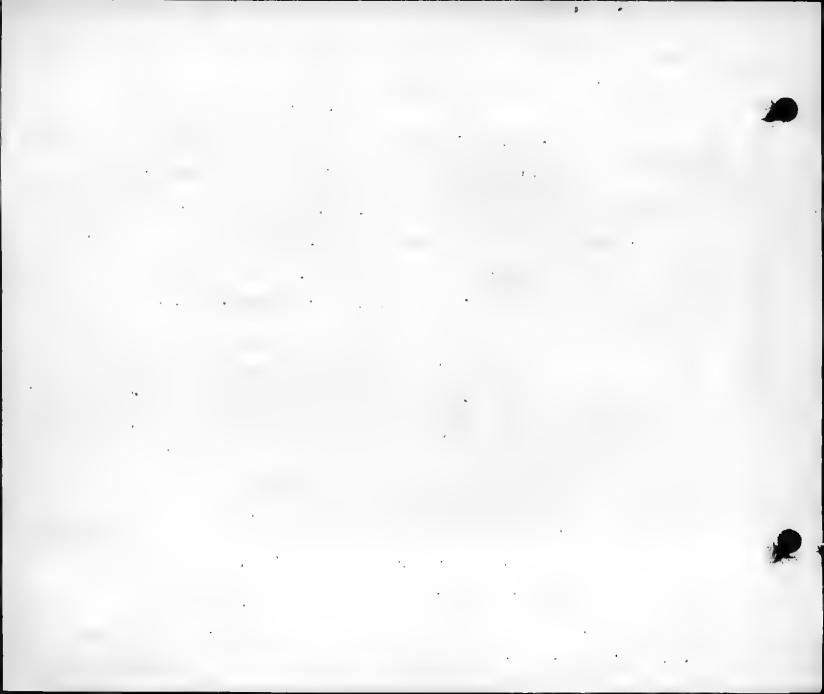


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) ET COUNTY Maryland Raltimore MARYLAND b. CITY OR TOWN (if outside corporate I m ts. c. CITY OR TOWN (If putside corporete limits, write RURA), and a ve nearest town). c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Towson Towson Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), a ve street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Burke Avenue YES NO 111 Burke Avenue 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) Wilson January AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TE B. DATE OF BIRTH lest birthdey) Months Days Hours DIVORCED March 29, Female WIDOWED yrs. physician 10a. USUAL OCCUPATION (Give kind of work IDE KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & SIME, or fore on country) 12. CITIZEN OF WHAT COUNTRY? ove done during most of working life, even if retired) U. S. A. Belfast, Ireland Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending pl William McMeekin Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Then (Yes, no, or unknwn) ((Ifyes give wer or dates of service) Mr. Mathew Wilson-Ill Burke Avenue- Towson INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e., [b., and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) DUE TO Conditions, if eny, which " geve rise to Immediate cause **DUE TO** (e), steting the underlying PART II. OTHER S ON FICANT CONDINGN'S CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(-): 19. WAS AUTOPSY 0 ± PERFORMED? NO T 2De. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE NOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Iam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, While And While factory, street, office bldg., etc.) 2Df, [City of down) (County) (5lete) 20c. TIME OF INJURY Month, Day, Year While at work 21. | certify that (I) (this hospital) attended the deceased from The 30 19 6 Likat (1) (we) last 19- 10. Pino saw the defeased alive on 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. death. Page 4
TO FUNERAL
director, page 3
be filed with the 22d ADDRESS 22c. PHYSICIAN'S Carl Myers, 11. Cold Sprin Balto., 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Moreland Memorial Park | Baltimore, Mar, land Burial 2-2-62 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 15M 9/60 KarylanDATE

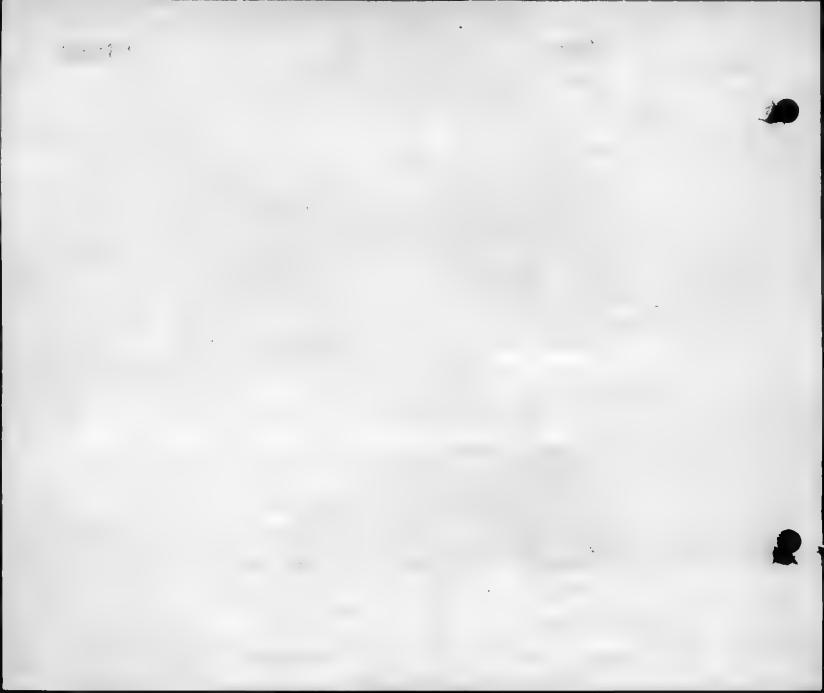


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ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence before admission) a COUNTY MERVIAND c. CITY OR TOWN (If outs da corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outs da corporata limits, ELENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) YES NO Midde DECEASED (Type or print) DEATH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR last birthday) Months 10a. USJAL OCCUPATION , G va kind of work physician , 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foraign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if raticad) attending pl 1 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 1Z INFORMANT (Yes, no, or unkown) (If yas g fewar or dates of sarvica 18. CAUSE OF DEATH [Enter only one cause per line for (a. (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise lo immadiata causa DUE TO (e), slating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1.0). 19. WAS AUTOPSY PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING 1 206 DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 )
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) 20c. TIME OF INJURY (County) Month, Day, Yaar factory, streat, office bldg , etc.) While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from... Tab-. 14 1955, 10 Jan 30 ... 19 6名 that (I) (we) last .19 6 Z, and that death occured at MM, from the causes and on the date stated above saw the deceased alive on ... ATTENDING 22b. DATE 22a SIGNATURE SIGNED DRECTOR PHYS. death. Page 4: 22d. ADDRESS 22c. PHYSICIAN'S BAC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)



the hospital or an this certificate has this certificate has

VR A15 (4)

15M 9/60

DUDA 7922 Wise Ave. 22, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

i . Iwo & Thousa

1-2-62

(County)

. IS RESIDENCE

YES NO T

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

22b. DATE

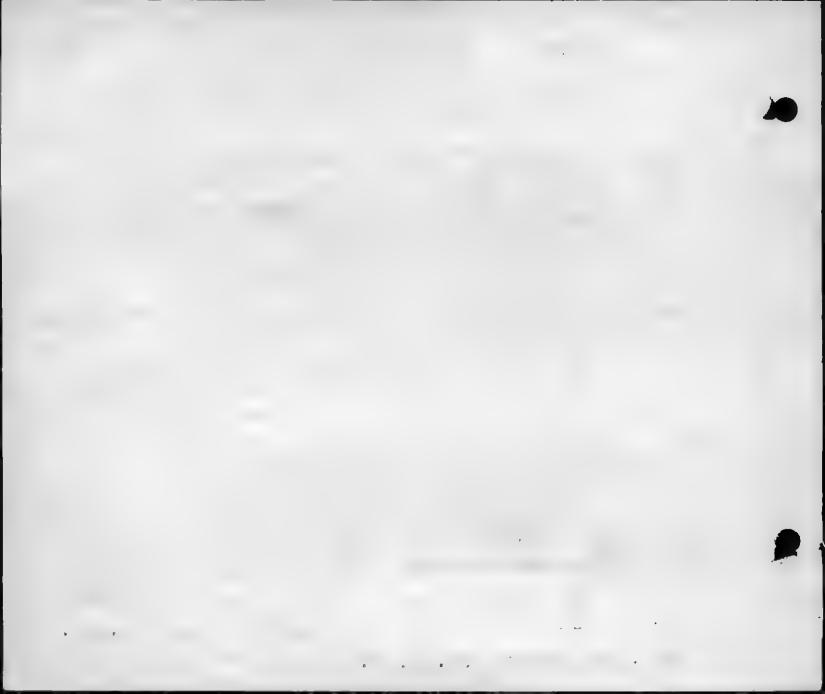
(State)

S GNED

YES IX NO 1

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?



# 3.5	1		CERTIFICATE OF DEATH  Reg. Dist. No. 111388
Page director	1	1.	PLACE OF DEATH  2. USBAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE  b. COUNTY  b. COUNTY
death.	M	M	b. CITY OR TOWN (If autside carporate limits, write a LENGTH OF STAY IN 1b  RURAL and give nearest town)  RURAL and give nearest town?  A. NAME OF HOSPITAL (If not in hospital, give street address)  e. IS RESIDENCE
by the	X		a. NAME OF HOSPITAL (If not if hospital, dive street address)  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION
n 24 ha filled in jes 1 an		3.	NAME OF DECEASED (Type or print) (Type or prin
d within pletely I rs. Pog		3	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In yours lost birthday) Months Days Hours Min.
execute nd camp	o degle		1. USUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. USUAL OCCUPATION (Give find of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY
ician a		13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
certific ng phy	27 Pog		WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give mor or dates of service) (If you give mor or dates of service)
e death ottendin n pleas	within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)].  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) ARMY Facluse; Queen and Conservation on SET AND DEATH
that the by the it. The	y even		Conditions, it ony, which ) In Alleger; Cirthusesflowers Com, Helestrum, to
equires in signed it perm	ē (		gave rise to immediate course (a), stating the under of the form place of the form place of the state of the
physicio as been al-trans	aval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum no \sum \)
AN: The	GC rea	CERTIFIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIC for others wis certifuse as	matian	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o. m.  p. m.  19  Od. INJURY OCCURRED While of work at work
hospita After the	rial, cre		21. I certify that I attended the deceased fram. 1960, 19, to 1967, 19, that I last saw the decease alive an 1960, 19, and that death accurred at 830 P. M. fram the causes and an the date stated above.
e defac	r ta bu	T	ACTUAL DAMES OF HARE
etained AL DIRE	ja		PHYSICIAN'S HOWARD. E. Hall
may be r FUNER.	he regist	22	BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State)
Q € Q 0.	1	22	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE SAN 5 '62 COLLING & Kroms
15M 9/55	2	4	My C. Mally Mer AH 31 C VILLY S DATE IAN 5 '62 Corthur & Thanks

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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